

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

FINAL

Provider: PARK PLACE NURSING FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00002164A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.6085			1.6085	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 26.74%		26.74%	1.0%	Quarterly Medicaid PDPM: 1.6777			1.6777	1.4431
				Qtrly Mcaid PDPM w RUG Wght Options: 1.7128		3.90	5.0%				1.7128	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,045,014	\$7,327,180	\$0	\$1,521,585	\$1,242,826	\$0	\$2,724,703		\$228,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$716,351)	\$0	\$0	\$0	\$0	\$0	(\$659,312)		(\$57,039)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$659,312		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,039
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,045,014	\$7,327,180	\$0	\$1,521,585	\$1,242,826	\$0	\$2,065,391	\$659,312	\$171,681	\$57,039
8	Total Nursing Facility Days	As Filed Days = 54,817 FY22 Audited C/R Days	54,817									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 54,817 FY22 GL-PL Ins Rpt Days								54,817		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.98	\$133.67	\$0.00	\$27.76	\$22.67	(with L&H)	\$37.68	\$12.03	\$3.13	\$1.04
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6085								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.10	\$0.00	\$27.76	\$22.67		\$37.68	\$12.03	\$3.13	\$1.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.80	\$83.10	\$0.00	\$27.76	\$22.67		\$37.68	\$12.03	13.52 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.80	\$83.10	\$0.00	\$27.76	\$22.67	\$0.00	\$37.68	\$12.03	\$13.52	\$1.04
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7128								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.03	\$142.33	\$0.00	\$27.76	\$22.67	\$0.00	\$37.68	\$12.03	\$13.52	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.12	\$7.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.17	\$9.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$284.20	\$151.40	\$0.00	\$27.98	\$23.08	\$0.00	\$55.15	\$12.03	\$13.52	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.33									

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

FINAL

Provider: NEWNAN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040719A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3564	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.90%	0.0%	Quarterly Medicaid PDPM:			1.2766	1.4431
							3.82	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3015	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,972,035	\$3,364,468	\$0	\$546,579	\$663,989	\$0	\$1,183,003		\$213,996	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$39,035)	\$0	\$0	\$0	\$0	\$0	(\$28,880)		(\$10,155)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,155	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,024,275	\$3,364,468	\$0	\$546,579	\$663,989	\$0	\$1,154,123	\$81,120	\$203,841	\$10,155	
8	Total Nursing Facility Days	As Filed Days = 21,789 FY22 Audited C/R Days	21,789										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,789 FY22 GL-PL Ins Rpt Days								21,789			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.49	\$154.41	\$0.00	\$25.09	\$30.47	(with L&H)	\$52.97	\$3.72	\$9.36	\$0.47	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3564									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.84									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.84	\$0.00	\$25.09	\$30.47		\$52.97	\$3.72	\$9.36	\$0.47	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$227.84	\$113.84	\$0.00	\$25.09	\$30.47		\$38.83	\$3.72	15.42 (FRV)	\$0.47	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$227.84	\$113.84	\$0.00	\$25.09	\$30.47	\$0.00	\$38.83	\$3.72	\$15.42	\$0.47	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3015									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$148.16									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.16	\$148.16	\$0.00	\$25.09	\$30.47	\$0.00	\$38.83	\$3.72	\$15.42	\$0.47	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.93	\$5.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$6.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$286.35	\$154.62	\$0.00	\$25.31	\$30.88	\$0.00	\$55.93	\$3.72	\$15.42	\$0.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.94										

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

FINAL

Provider: RIVERVIEW HEALTH & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040741A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2719	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.93%	1.0%	Quarterly Medicaid PDPM:			1.4196	1.4431
							2.73	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4479	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$15,976,277	\$8,167,051	\$0	\$1,536,248	\$1,323,991	\$0	\$3,106,036		\$1,842,951	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$700,708)	(\$23,048)	\$0	\$0	\$0	(\$3,173)	(\$563,677)		(\$110,810)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$105,055	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$15,380,624	\$8,144,003	\$0	\$1,536,248	\$1,323,991	(\$3,173)	\$2,542,359	\$0	\$1,732,141	\$105,055	
8	Total Nursing Facility Days	As Filed Days = 59,248											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 59,248											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.60	\$137.46	\$0.00	\$25.93	\$22.29	(with L&H)	\$42.91	\$0.00	\$29.24	\$1.77	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2719									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.08									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.08	\$0.00	\$25.93	\$22.29		\$42.91	\$0.00	\$29.24	\$1.77	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.62	\$108.08	\$0.00	\$25.93	\$22.29		\$38.83	\$0.00	33.72 (FRV)	\$1.77	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.62	\$108.08	\$0.00	\$25.93	\$22.29	\$0.00	\$38.83	\$0.00	\$33.72	\$1.77	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4479									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.49									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.03	\$156.49	\$0.00	\$25.93	\$22.29	\$0.00	\$38.83	\$0.00	\$33.72	\$1.77	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.56	\$1.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.85	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$284.88	\$161.71	\$0.00	\$26.15	\$22.70	\$0.00	\$38.83	\$0.00	\$33.72	\$1.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.66										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4283	1.4040	Qtrly BIMS score	50.00%	5.5%
			a	b	c	d	e	f	g	g	h	i									
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,235,539	\$6,852,876	\$0	\$1,520,836	\$1,488,279	\$0	\$1,408,325		\$965,223	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$240,989)	\$0	\$0	\$0	\$0	\$0	(\$201,952)		(\$39,037)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$201,952											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$39,037								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$12,235,539	\$6,852,876	\$0	\$1,520,836	\$1,488,279	\$0	\$1,206,373	\$201,952	\$926,186	\$39,037									
8	Total Nursing Facility Days	As Filed Days = 29,282 FY22 Audited C/R Days	29,282																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,282 FY22 GL-PL Ins Rpt Days								29,282											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$417.86	\$234.03	\$0.00	\$51.94	\$50.83	(with L&H)	\$41.20	\$6.90	\$31.63	\$1.33									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4283																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$163.85																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$163.85	\$0.00	\$51.94	\$50.83		\$41.20	\$6.90	\$31.63	\$1.33									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$257.64	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$6.90	29.76 (FRV)	\$1.33									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$257.64	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.90	\$29.76	\$1.33									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3988																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$164.01																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$304.40	\$164.01	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.90	\$29.76	\$1.33									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.02	\$9.02																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.04	\$13.94	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$335.44	\$177.95	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.90	\$29.76	\$1.33									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$238.76																		

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,840,597	\$7,270,401	\$0	\$798,019	\$1,081,515	\$0	\$2,674,338		\$1,016,324	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$386,338)	(\$58,525)	\$0	\$0	\$4,648	\$6,899	(\$202,388)		(\$136,972)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$129,611		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$138,435
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$12,722,305	\$7,211,876	\$0	\$798,019	\$1,086,163	\$6,899	\$2,471,950	\$129,611	\$879,352	\$138,435
8	Total Nursing Facility Days As Filed Days = 45,398	FY22 Audited C/R Days	45,398									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,398	FY22 GL-PL Ins Rpt Days								45,398		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$280.24	\$158.86	\$0.00	\$17.58	\$24.08	(with L&H)	\$54.45	\$2.85	\$19.37	\$3.05
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4359								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$110.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$110.64	\$0.00	\$17.58	\$24.08		\$54.45	\$2.85	\$19.37	\$3.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.40	\$110.64	\$0.00	\$17.58	\$24.08		\$38.83	\$2.85	12.37 (FRV)	\$3.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.40	\$110.64	\$0.00	\$17.58	\$24.08	\$0.00	\$38.83	\$2.85	\$12.37	\$3.05
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5581								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$172.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.15	\$172.39	\$0.00	\$17.58	\$24.08	\$0.00	\$38.83	\$2.85	\$12.37	\$3.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.90	\$6.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.88	\$9.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$298.03	\$181.54	\$0.00	\$17.80	\$24.49	\$0.00	\$55.93	\$2.85	\$12.37	\$3.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.70									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor Methodist Nursing Center		Add-on Data and Percentages		Facility	Add-on	Case Mix Index (CMI) Data				Facility	State-																																																																																																																						
Prvdr ID: 00040785A		Growth Allowance:		Score	Percent	Base Period Overall PDPM:				Specific	wide																																																																																																																						
H/B ? : No		PDPM Per Diem Rate Effective Date: 07/01/24		N/A	0.00%	Quarterly Medicaid PDPM:				1.6947	1.4040																																																																																																																						
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		BIMS: 38.0%	2.5%	Qtrly Mcaid PDPM w RUG Wght Options:				1.4132	1.4438																																																																																																																						
				4.16	4.0%					1.4797	1.4715																																																																																																																						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance																																																																																																																					
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Allowed @ 95% of Std																																																																																																																																	
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PDPMA Allowed Per Diem (After Growth Allowance)																																																																																																																																	
Quarterly Facility PDPM for Medicaid Residents																																																																																																																																	
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Total Quarterly Per Diem Add-On Amounts																																																																																																																																	
<table border="1"> <tr> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$244.88</td> <td>\$117.25</td> <td></td> <td>\$30.35</td> <td>\$33.22</td> <td></td> <td>\$38.83</td> <td>\$ 224,177</td> <td>\$34.17</td> <td>\$2.04</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>\$28.83</td> <td>\$31.56</td> <td></td> <td>\$36.89</td> <td>57,067</td> <td>\$34.17</td> <td>\$2.04</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$252.48</td> <td>\$111.39</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$28.83</td> <td>\$31.56</td> <td></td> <td>\$36.89</td> <td>\$ 7.60</td> <td>\$34.17</td> <td>\$2.04</td> </tr> <tr> <td></td> <td>(FRV Rate)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$302.34</td> <td>\$164.82</td> <td></td> <td>\$28.83</td> <td>\$31.56</td> <td></td> <td>\$36.89</td> <td>\$ 4.03</td> <td>\$34.17</td> <td>\$2.04</td> </tr> <tr> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$10.71</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																													\$244.88	\$117.25		\$30.35	\$33.22		\$38.83	\$ 224,177	\$34.17	\$2.04				\$0.00	\$0.00		\$28.83	\$31.56		\$36.89	57,067	\$34.17	\$2.04				\$252.48	\$111.39		\$0.00	\$0.00		\$0.00										\$28.83	\$31.56		\$36.89	\$ 7.60	\$34.17	\$2.04												(FRV Rate)					\$302.34	\$164.82		\$28.83	\$31.56		\$36.89	\$ 4.03	\$34.17	\$2.04																	\$10.71									
			\$244.88	\$117.25		\$30.35	\$33.22		\$38.83	\$ 224,177	\$34.17	\$2.04																																																																																																																					
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			\$302.34	\$164.82		\$28.83	\$31.56		\$36.89	\$ 4.03	\$34.17	\$2.04																																																																																																																					
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Quarterly Case Mix Based Per Diem Rate			\$313.06	\$175.54		\$28.83	\$31.56		\$36.89	\$4.03	\$34.17	\$2.04																																																																																																																					
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$234.79																																																																																																																															

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

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,069,104	\$1,642,702	\$0	\$296,255	\$291,563	\$0	\$775,703		\$62,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$274,782)	\$0	\$0	\$0	\$0	\$0	(\$237,669)		(\$37,113)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$178,894		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,113
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,010,329	\$1,642,702	\$0	\$296,255	\$291,563	\$0	\$538,034	\$178,894	\$25,768	\$37,113
8	Total Nursing Facility Days As Filed Days = 15,084	FY22 Audited C/R Days	15,084									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,084	FY22 GL-PL Ins Rpt Days								15,084		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.57	\$108.90	\$0.00	\$19.64	\$19.33	(with L&H)	\$35.67	\$11.86	\$1.71	\$2.46
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4810								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.53	\$0.00	\$19.64	\$19.33		\$35.67	\$11.86	\$1.71	\$2.46
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.53	\$0.00	\$19.64	\$19.33		\$35.67	\$11.86	\$1.71	\$2.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.83	\$73.53	\$0.00	\$19.64	\$19.33		\$35.67	\$11.86	10.34 (FRV)	\$2.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.83	\$73.53	\$0.00	\$19.64	\$19.33	\$0.00	\$35.67	\$11.86	\$10.34	\$2.46
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5713								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.84	\$115.54	\$0.00	\$19.64	\$19.33	\$0.00	\$35.67	\$11.86	\$10.34	\$2.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.94	\$119.54	\$0.00	\$19.86	\$19.74	\$0.00	\$53.14	\$11.86	\$10.34	\$2.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.88									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.93% Nurse Hours per On-Site Day/Quality Incentive: 3.23			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.3065 Quarterly Medicaid PDPM: 1.6638 Qtrly Mcaid PDPM w RUG Wght Options: 1.6981			Facility Specific: 1.4040 1.4431 1.4722	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,447,123	\$2,587,082	\$0	\$368,024	\$549,276	\$0	\$1,311,999		\$630,742	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$163,299)	(\$8,941)	\$0	(\$811)	\$0	\$0	(\$105,084)		(\$48,463)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,917			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$48,463	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,393,204	\$2,578,141	\$0	\$367,213	\$549,276	\$0	\$1,206,915	\$60,917	\$582,279	\$48,463	
8	Total Nursing Facility Days	As Filed Days = 29,416 FY22 Audited C/R Days	29,416										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,416 FY22 GL-PL Ins Rpt Days								29,416			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.33	\$87.64	\$0.00	\$12.48	\$18.67	(with L&H)	\$41.03	\$2.07	\$19.79	\$1.65	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3065									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$67.08									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.08	\$0.00	\$12.48	\$18.67		\$41.03	\$2.07	\$19.79	\$1.65	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.49	\$67.08	\$0.00	\$12.48	\$18.67		\$38.83	\$2.07	10.71 (FRV)	\$1.65	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.49	\$67.08	\$0.00	\$12.48	\$18.67	\$0.00	\$38.83	\$2.07	\$10.71	\$1.65	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6981									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.91									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.32	\$113.91	\$0.00	\$12.48	\$18.67	\$0.00	\$38.83	\$2.07	\$10.71	\$1.65	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.85	\$120.71	\$0.00	\$12.70	\$19.08	\$0.00	\$55.93	\$2.07	\$10.71	\$1.65	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.31										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$14,287,775	\$7,898,629	\$0	\$1,432,212	\$1,509,799	\$0	\$2,940,795		\$506,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$476,215)	(\$366,919)	\$0	\$0	(\$5,134)	\$93,985	(\$124,328)		(\$73,819)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$279,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,770
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$14,121,774	\$7,531,710	\$0	\$1,432,212	\$1,504,665	\$93,985	\$2,816,467	\$279,444	\$432,521	\$30,770
8	Total Nursing Facility Days As Filed Days = 43,285	FY22 Audited C/R Days	43,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,285	FY22 GL-PL Ins Rpt Days								43,286		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$326.25	\$174.00	\$0.00	\$33.09	\$36.93	(with L&H)	\$65.07	\$6.46	\$9.99	\$0.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5597								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.56								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.56	\$0.00	\$33.09	\$36.93		\$65.07	\$6.46	\$9.99	\$0.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.77	\$111.56	\$0.00	\$30.35	\$33.22		\$38.83	\$6.46	17.64 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.77	\$111.56	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.46	\$17.64	\$0.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5874								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$177.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$304.30	\$177.09	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.46	\$17.64	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.74	\$9.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.85	\$8.85								
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	\$36.22	\$19.12	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$340.52	\$196.21	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.46	\$17.64	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$242.57									

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

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Provider: PRUITTHEALTH - AUSTELL Prvdr ID: 00059276A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 36.23% Nurse Hours per On-Site Day/Quality Incentive: 3.76				0.00%	2.5%	Base Period Overall PDPMCM: 1.3769 Quarterly Medicaid PDPM: 1.6428 Qtrly Mcaid PDPM w RUG Wght Options: 1.6765			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,286,046	\$4,573,995	\$0	\$944,154	\$852,428	\$0	\$1,457,800		\$457,669	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$556,462)	(\$91,546)	\$0	\$0	(\$5,018)	(\$5,071)	(\$369,328)		(\$85,499)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$439,574			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,397	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,236,555	\$4,482,449	\$0	\$944,154	\$847,410	(\$5,071)	\$1,088,472	\$439,574	\$372,170	\$67,397	
8	Total Nursing Facility Days	As Filed Days = 39,252 FY22 Audited C/R Days	39,252										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,252 FY22 GL-PL Ins Rpt Days								39,252			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.84	\$114.20	\$0.00	\$24.05	\$21.46	(with L&H)	\$27.73	\$11.20	\$9.48	\$1.72	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3769									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.94									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.94	\$0.00	\$24.05	\$21.46		\$27.73	\$11.20	\$9.48	\$1.72	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.86	\$82.94	\$0.00	\$24.05	\$21.46		\$27.73	\$11.20	14.76 (FRV)	\$1.72	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.86	\$82.94	\$0.00	\$24.05	\$21.46	\$0.00	\$27.73	\$11.20	\$14.76	\$1.72	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6765									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.05									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.97	\$139.05	\$0.00	\$24.05	\$21.46	\$0.00	\$27.73	\$11.20	\$14.76	\$1.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.95	\$6.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.06	\$10.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.03	\$150.01	\$0.00	\$24.27	\$21.87	\$0.00	\$45.20	\$11.20	\$14.76	\$1.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.95										

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

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Provider: NORTHRIDGE HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059331A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.2696	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	19.23%	Quarterly Medicaid PDPM:				1.2251	1.4431	
					3.19	Qtrly Mcaid PDPM w RUG Wght Options:				1.2490	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,467,396	\$4,599,580	\$0	\$989,049	\$1,191,402	\$0	\$1,758,107		\$929,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$191,792)	\$0	\$0	\$0	\$0	\$0	(\$161,382)		(\$30,410)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$132,935		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,410
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,438,949	\$4,599,580	\$0	\$989,049	\$1,191,402	\$0	\$1,596,725	\$132,935	\$898,848	\$30,410
8	Total Nursing Facility Days	As Filed Days = 39,952 FY22 Audited C/R Days	39,952									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,952 FY22 GL-PL Ins Rpt Days								39,952		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.27	\$115.13	\$0.00	\$24.76	\$29.82	(with L&H)	\$39.97	\$3.33	\$22.50	\$0.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2696								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$24.76	\$29.82		\$39.97	\$3.33	\$22.50	\$0.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.02	\$90.68	\$0.00	\$24.76	\$29.82		\$38.83	\$3.33	25.84 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.02	\$90.68	\$0.00	\$24.76	\$29.82	\$0.00	\$38.83	\$3.33	\$25.84	\$0.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2490								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.60	\$113.26	\$0.00	\$24.76	\$29.82	\$0.00	\$38.83	\$3.33	\$25.84	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.52	\$119.45	\$0.00	\$24.98	\$30.23	\$0.00	\$55.93	\$3.33	\$25.84	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.57									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: THE BELL MINOR HOME Prvdr ID: 00059397A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 2.89				Base Period Overall PDPMCM: 1.5382 Quarterly Medicaid PDPM: 1.3404 Qtrly Mcaid PDPM w RUG Wght Options: 1.3672				Facility Specific: 1.5382 State-wide: 1.4040 1.3404 1.4431 1.3672 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,198,167	\$3,760,159	\$0	\$514,310	\$526,382	\$0	\$1,380,723		\$2,016,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$355,867)	(\$22,161)	\$0	\$0	\$0	\$0	(\$269,054)		(\$64,652)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$269,054		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,652
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,176,006	\$3,737,998	\$0	\$514,310	\$526,382	\$0	\$1,111,669	\$269,054	\$1,951,941	\$64,652
8	Total Nursing Facility Days	As Filed Days = 31,855 FY22 Audited C/R Days	31,855									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,855 FY22 GL-PL Ins Rpt Days								31,855		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$256.67	\$117.34	\$0.00	\$16.15	\$16.52	(with L&H)	\$34.90	\$8.45	\$61.28	\$2.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5382								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$16.15	\$16.52		\$34.90	\$8.45	\$61.28	\$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.79	\$76.28	\$0.00	\$16.15	\$16.52		\$34.90	\$8.45	15.46 (FRV)	\$2.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.79	\$76.28	\$0.00	\$16.15	\$16.52	\$0.00	\$34.90	\$8.45	\$15.46	\$2.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3672								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$104.29								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.80	\$104.29	\$0.00	\$16.15	\$16.52	\$0.00	\$34.90	\$8.45	\$15.46	\$2.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.33	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$221.13	\$109.52	\$0.00	\$16.37	\$16.93	\$0.00	\$52.37	\$8.45	\$15.46	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.02									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: AZALEA HEALTH CENTER BY HARBORVIEW												
Prvdr ID: 00059441A												
H/B ? : NO												
PDPM Per Diem Rate Effective Date: 07/01/24												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
Nurse Hours per On-Site Day/Quality Incentive:												
Add-on Data and Percentages												
Growth Allowance: N/A												
BIMS: 27.9%												
Facility Score: 3.16												
Add-on Percent												
0.00%												
1.0%												
2.0%												
Case Mix Index (CMI) Data												
Base Period Overall PDPM: 1.4585												
Quarterly Medicaid PDPM: 1.9156												
Qtrly Mcaid PDPM w RUG Wght Options: 1.9547												
Facility Specific: 1.4040												
State-wide: 1.4438												
1.4715												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
<i>Cost Center Peer Groups per Selected Options</i>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
Peer Group Standards & Efficiency Measure Limits												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.00%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW DECATUR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: 00059452A		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:				1.4523	1.4040	
H/B ? : NO		Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	33.3%	Quarterly Medicaid PDPM:				1.7753	1.4438	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		2.47	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:				1.8120	1.4715	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
<i>Cost Center Peer Groups per Selected Options</i>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
Peer Group Standards & Efficiency Measure Limits												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

FINAL

Provider: PRUITTHEALTH - AUGUSTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059463A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3708	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.17%	1.0%	Quarterly Medicaid PDPM:			1.4463	1.4431
							3.47	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4751	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,564,524	\$3,788,675	\$0	\$645,851	\$780,283	\$0	\$1,133,524		\$216,191	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$436,948)	(\$61,914)	\$0	\$0	\$0	\$40	(\$310,275)		(\$64,799)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$59,679	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,541,751	\$3,726,761	\$0	\$645,851	\$780,283	\$40	\$823,249	\$354,496	\$151,392	\$59,679	
8	Total Nursing Facility Days	As Filed Days = 30,907 FY22 Audited C/R Days	30,907										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,907 FY22 GL-PL Ins Rpt Days								30,907			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.67	\$120.58	\$0.00	\$20.90	\$25.25	(with L&H)	\$26.64	\$11.47	\$4.90	\$1.93	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3708									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.96									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.96	\$0.00	\$20.90	\$25.25		\$26.64	\$11.47	\$4.90	\$1.93	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$87.96	\$0.00	\$20.90	\$25.25		\$26.64	\$11.47	12.60 (FRV)	\$1.93	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.75	\$87.96	\$0.00	\$20.90	\$25.25	\$0.00	\$26.64	\$11.47	\$12.60	\$1.93	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4751									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.75									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.54	\$129.75	\$0.00	\$20.90	\$25.25	\$0.00	\$26.64	\$11.47	\$12.60	\$1.93	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.66	\$136.77	\$0.00	\$21.12	\$25.66	\$0.00	\$44.11	\$11.47	\$12.60	\$1.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.42										

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

FINAL

Provider: BOLINGREEN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059485A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3253	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.86%	0.0%	Quarterly Medicaid PDPM:			1.2814	1.4431
							3.75	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3070	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,324,051	\$3,532,989	\$0	\$666,912	\$704,350	\$0	\$1,306,093		\$113,707	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$90,357)	\$1,328	\$0	\$0	\$0	(\$1,328)	(\$80,132)		(\$10,225)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$94,380			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,225	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,338,299	\$3,534,317	\$0	\$666,912	\$704,350	(\$1,328)	\$1,225,961	\$94,380	\$103,482	\$10,225	
8	Total Nursing Facility Days	As Filed Days = 25,339 FY22 Audited C/R Days	25,339										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,339 FY22 GL-PL Ins Rpt Days								25,339			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.12	\$139.48	\$0.00	\$26.32	\$27.74	(with L&H)	\$48.38	\$3.72	\$4.08	\$0.40	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3253									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.24									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.24	\$0.00	\$26.32	\$27.74		\$48.38	\$3.72	\$4.08	\$0.40	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.36	\$105.24	\$0.00	\$26.32	\$27.74		\$38.83	\$3.72	14.11 (FRV)	\$0.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.36	\$105.24	\$0.00	\$26.32	\$27.74	\$0.00	\$38.83	\$3.72	\$14.11	\$0.40	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3070									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.55									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.67	\$137.55	\$0.00	\$26.32	\$27.74	\$0.00	\$38.83	\$3.72	\$14.11	\$0.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.81	\$144.96	\$0.00	\$26.54	\$28.15	\$0.00	\$55.93	\$3.72	\$14.11	\$0.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.53										

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

FINAL

Provider: BROWN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059562A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4037	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.95%	1.0%	Quarterly Medicaid PDPM:			1.3803	1.4431
							3.86	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4075	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,351,884	\$3,277,375	\$0	\$646,414	\$826,352	\$0	\$1,323,062		\$278,681	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$161,735)	\$0	\$0	\$0	\$0	\$0	(\$136,205)		(\$25,530)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,530	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,293,679	\$3,277,375	\$0	\$646,414	\$826,352	\$0	\$1,186,857	\$78,000	\$253,151	\$25,530	
8	Total Nursing Facility Days	As Filed Days = 28,025											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,025								28,025			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.57	\$116.94	\$0.00	\$23.07	\$29.49	(with L&H)	\$42.35	\$2.78	\$9.03	\$0.91	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4037									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.31									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.31	\$0.00	\$23.07	\$29.49		\$42.35	\$2.78	\$9.03	\$0.91	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.81	\$83.31	\$0.00	\$23.07	\$29.49		\$38.83	\$2.78	21.42 (FRV)	\$0.91	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.81	\$83.31	\$0.00	\$23.07	\$29.49	\$0.00	\$38.83	\$2.78	\$21.42	\$0.91	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4075									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.26									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.76	\$117.26	\$0.00	\$23.07	\$29.49	\$0.00	\$38.83	\$2.78	\$21.42	\$0.91	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$26.47	\$8.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.23	\$126.00	\$0.00	\$23.29	\$29.90	\$0.00	\$55.93	\$2.78	\$21.42	\$0.91	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.35										

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

FINAL

Provider: CARROLLTON NURSING & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059661A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2878	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.67%	0.0%	Quarterly Medicaid PDPM:			1.3622	1.4431
							2.78	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3895	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,338,490	\$3,602,179	\$0	\$622,406	\$597,364	\$0	\$1,170,156		\$1,346,385	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$86,121)	(\$201,455)	\$0	(\$14,495)	\$0	\$12,922	\$176,403		(\$59,496)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$23,463			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,069	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,336,901	\$3,400,724	\$0	\$607,911	\$597,364	\$12,922	\$1,346,559	\$23,463	\$1,286,889	\$61,069	
8	Total Nursing Facility Days As Filed Days = 29,988	FY22 Audited C/R Days	29,988										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,988	FY22 GL-PL Ins Rpt Days								29,988			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.65	\$113.40	\$0.00	\$20.27	\$20.35	(with L&H)	\$44.90	\$0.78	\$42.91	\$2.04	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2878									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.05									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.05	\$0.00	\$20.27	\$20.35		\$44.90	\$0.78	\$42.91	\$2.04	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.04	\$88.05	\$0.00	\$20.27	\$20.35		\$38.83	\$0.78	9.72 (FRV)	\$2.04	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.04	\$88.05	\$0.00	\$20.27	\$20.35	\$0.00	\$38.83	\$0.78	\$9.72	\$2.04	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3895									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.35									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.34	\$122.35	\$0.00	\$20.27	\$20.35	\$0.00	\$38.83	\$0.78	\$9.72	\$2.04	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.27	\$126.55	\$0.00	\$20.49	\$20.76	\$0.00	\$55.93	\$0.78	\$9.72	\$2.04	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.38										

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

FINAL

Provider: CHAPLINWOOD NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059694A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3154			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.87		Qtrly BIMS score: 22.97%		22.97%	1.0%	Quarterly Medicaid PDPM: 1.4015			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4296			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,735,125	\$3,337,194	\$0	\$620,104	\$732,777	\$0	\$1,212,807		\$832,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$165,085)	\$0	\$0	\$0	\$0	\$1,707	(\$136,227)		(\$30,565)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,565
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,678,605	\$3,337,194	\$0	\$620,104	\$732,777	\$1,707	\$1,076,580	\$78,000	\$801,678	\$30,565
8	Total Nursing Facility Days	As Filed Days = 27,129										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,129								27,129		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.18	\$123.01	\$0.00	\$22.86	\$27.07	(with L&H)	\$39.68	\$2.88	\$29.55	\$1.13
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3154								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.52	\$0.00	\$22.86	\$27.07		\$39.68	\$2.88	\$29.55	\$1.13
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.26	\$93.52	\$0.00	\$22.86	\$27.07		\$38.83	\$2.88	12.97 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.26	\$93.52	\$0.00	\$22.86	\$27.07	\$0.00	\$38.83	\$2.88	\$12.97	\$1.13
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4296								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.44	\$133.70	\$0.00	\$22.86	\$27.07	\$0.00	\$38.83	\$2.88	\$12.97	\$1.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.69	\$6.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.29	\$8.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$265.73	\$142.26	\$0.00	\$23.08	\$27.48	\$0.00	\$55.93	\$2.88	\$12.97	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.47									

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

FINAL

Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059705A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.3007	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	22.22%	Quarterly Medicaid PDPM:				1.3685	1.4431	
					2.81	Qtrly Mcaid PDPM w RUG Wght Options:				1.3957	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,096,821	\$2,115,269	\$0	\$384,550	\$383,777	\$0	\$586,999		\$626,226	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$71,567)	(\$2,074)	\$0	\$0	(\$632)	(\$637)	(\$50,165)		(\$18,059)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$50,165		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,999
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,093,418	\$2,113,195	\$0	\$384,550	\$383,145	(\$637)	\$536,834	\$50,165	\$608,167	\$17,999
8	Total Nursing Facility Days	As Filed Days = 21,942 FY22 Audited C/R Days	21,942									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,942 FY22 GL-PL Ins Rpt Days								21,942		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.57	\$96.31	\$0.00	\$17.53	\$17.43	(with L&H)	\$24.47	\$2.29	\$27.72	\$0.82
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3007								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.04	\$0.00	\$17.53	\$17.43		\$24.47	\$2.29	\$27.72	\$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.89	\$74.04	\$0.00	\$17.53	\$17.43		\$24.47	\$2.29	8.31 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.89	\$74.04	\$0.00	\$17.53	\$17.43	\$0.00	\$24.47	\$2.29	\$8.31	\$0.82
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3957								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.19	\$103.34	\$0.00	\$17.53	\$17.43	\$0.00	\$24.47	\$2.29	\$8.31	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$196.95	\$108.00	\$0.00	\$17.75	\$17.84	\$0.00	\$41.94	\$2.29	\$8.31	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.89									

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

FINAL

Provider: SOUTHWELL HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059826A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4154			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 37.10%		Nurse Hours per On-Site Day/Quality Incentive: 4.03		37.10%	2.5%	Quarterly Medicaid PDPM: 1.5079			1.4431	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.5379			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,654,507	\$4,383,042	\$0	\$1,047,167	\$257,472	\$481,185	\$266,834		\$1,218,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$16,218)	\$0	\$0	\$0	\$0	\$0	(\$8,819)		(\$7,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$8,819		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,399
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,654,507	\$4,383,042	\$0	\$1,047,167	\$257,472	\$481,185	\$258,015	\$8,819	\$1,211,408	\$7,399
8	Total Nursing Facility Days	As Filed Days = 33,746 FY22 Audited C/R Days	33,746									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,746 FY22 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.83	\$129.88	\$0.00	\$31.03	\$21.89	(with L&H)	\$7.65	\$0.26	\$35.90	\$0.22
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4154								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.76	\$0.00	\$31.03	\$21.89		\$7.65	\$0.26	\$35.90	\$0.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.16	\$91.76	\$0.00	\$31.03	\$21.89		\$7.65	\$0.26	27.35 (FRV)	\$0.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.16	\$91.76	\$0.00	\$31.03	\$21.89	\$0.00	\$7.65	\$0.26	\$27.35	\$0.22
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5379								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.52	\$141.12	\$0.00	\$31.03	\$21.89	\$0.00	\$7.65	\$0.26	\$27.35	\$0.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23								
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	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.91	\$149.41	\$0.00	\$31.25	\$22.30	\$0.00	\$25.12	\$0.26	\$27.35	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.11									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4599	1.4040		
													0.00%	0.0%	3.48	2.0%	1.3616	1.4431	1.3771	1.4722				
													a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,515,764	\$3,666,950	\$0	\$608,446	\$235,753	\$315,088	\$1,155,777		\$533,750	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$123,616)	\$1,275	\$0	\$0	(\$29,140)	\$29,140	(\$114,649)		(\$10,242)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$103,474														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,242												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,505,864	\$3,668,225	\$0	\$608,446	\$206,613	\$344,228	\$1,041,128	\$103,474	\$523,508	\$10,242												
8	Total Nursing Facility Days	As Filed Days = 19,916 FY22 Audited C/R Days	19,916																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,916 FY22 GL-PL Ins Rpt Days								19,916														
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$326.67	\$184.18	\$0.00	\$30.55	\$27.66	(with L&H)	\$52.28	\$5.20	\$26.29	\$0.51												
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4599																				
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$126.16																				
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$126.16	\$0.00	\$30.55	\$27.66		\$52.28	\$5.20	\$26.29	\$0.51												
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A													
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.67	\$117.25	\$0.00	\$30.55	\$27.66		\$38.83	\$5.20	10.67 (FRV)	\$0.51												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.67	\$117.25	\$0.00	\$30.55	\$27.66	\$0.00	\$38.83	\$5.20	\$10.67	\$0.51												
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3771																				
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.46																				
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.88	\$161.46	\$0.00	\$30.55	\$27.66	\$0.00	\$38.83	\$5.20	\$10.67	\$0.51												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.96	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$295.84	\$164.69	\$0.00	\$30.77	\$28.07	\$0.00	\$55.93	\$5.20	\$10.67	\$0.51												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.06																					

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4080	1.4040
Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													3.05	3.00%	3.0%	1.4080	1.4040	1.4431	1.4722			
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,365,481	\$3,226,947	\$0	\$721,140	\$606,829	\$0	\$1,045,412		\$765,153	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$129,885)	\$0	\$0	\$0	\$0	\$0	(\$69,084)		(\$60,801)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$60,801									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,296,397	\$3,226,947	\$0	\$721,140	\$606,829	\$0	\$976,328	\$0	\$704,352	\$60,801										
8	Total Nursing Facility Days	As Filed Days = 30,804 FY22 Audited C/R Days	30,804																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,804 FY22 GL-PL Ins Rpt Days								30,804												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.40	\$104.76	\$0.00	\$23.41	\$19.70	(with L&H)	\$31.69	\$0.00	\$22.87	\$1.97										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4080																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.40																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$23.41	\$19.70		\$31.69	\$0.00	\$22.87	\$1.97										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.54	\$74.40	\$0.00	\$23.41	\$19.70		\$31.69	\$0.00	10.37 (FRV)	\$1.97										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.54	\$74.40	\$0.00	\$23.41	\$19.70	\$0.00	\$31.69	\$0.00	\$10.37	\$1.97										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3766																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$102.42																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.56	\$102.42	\$0.00	\$23.41	\$19.70	\$0.00	\$31.69	\$0.00	\$10.37	\$1.97										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$213.82	\$108.58	\$0.00	\$23.63	\$20.11	\$0.00	\$49.16	\$0.00	\$10.37	\$1.97										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.54																			

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

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Provider: RIVER TOWNE CENTER Prvdr ID: 00082684A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A		Qtrly BIMS score: 21.36%	Nurse Hours per On-Site Day/Quality Incentive: 3.76	0.00%	1.0%	3.0%	Base Period Overall PDPMCM: 1.8815	Quarterly Medicaid PDPM: 1.9800	Qtrly Mcaid PDPM w RUG Wght Options: 2.0205	1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,346,549	\$5,763,353	\$0	\$701,195	\$634,768	\$0	\$1,651,491		\$1,595,742	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$335,955)	(\$100,721)	\$0	\$0	(\$10,710)	(\$10,251)	(\$140,874)		(\$73,399)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$235,958				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$70,976		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,317,528	\$5,662,632	\$0	\$701,195	\$624,058	(\$10,251)	\$1,510,617	\$235,958	\$1,522,343	\$70,976		
8	Total Nursing Facility Days	As Filed Days = 43,579 FY22 Audited C/R Days	43,579											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,579 FY22 GL-PL Ins Rpt Days								43,579				
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.74	\$129.94	\$0.00	\$16.09	\$14.08	(with L&H)	\$34.66	\$5.41	\$34.93	\$1.63		
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.8815										
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.06										
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.06	\$0.00	\$16.09	\$14.08		\$34.66	\$5.41	\$34.93	\$1.63		
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A			
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.13	\$69.06	\$0.00	\$16.09	\$14.08		\$34.66	\$5.41	9.20 (FRV)	\$1.63		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.13	\$69.06	\$0.00	\$16.09	\$14.08	\$0.00	\$34.66	\$5.41	\$9.20	\$1.63		
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.0205										
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.54										
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.61	\$139.54	\$0.00	\$16.09	\$14.08	\$0.00	\$34.66	\$5.41	\$9.20	\$1.63		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$244.83	\$145.66	\$0.00	\$16.31	\$14.49	\$0.00	\$52.13	\$5.41	\$9.20	\$1.63		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.80											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2645	1.4040				
Provider: HEARDMONT HEALTH AND REHABILITATION Prvdr ID: 00082981A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2645	1.4040	1.2461	1.4431	1.2705	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,195,555	\$1,737,178	\$0	\$360,763	\$369,454	\$0	\$597,765		\$130,395	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$54,183)	\$0	\$0	\$0	\$0	\$0	(\$37,404)		(\$16,779)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$16,779							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,158,151	\$1,737,178	\$0	\$360,763	\$369,454	\$0	\$560,361	\$0	\$113,616	\$16,779														
8	Total Nursing Facility Days	As Filed Days = 16,936																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,936																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.47	\$102.57	\$0.00	\$21.30	\$21.81	(with L&H)	\$33.09	\$0.00	\$6.71	\$0.99														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2645																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.11																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.11	\$0.00	\$21.30	\$21.81		\$33.09	\$0.00	\$6.71	\$0.99														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$81.11	\$0.00	\$21.30	\$21.81		\$33.09	\$0.00	10.08	\$0.99														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.38	\$81.11	\$0.00	\$21.30	\$21.81	\$0.00	\$33.09	\$0.00	\$10.08	\$0.99														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2705																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.05																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.32	\$103.05	\$0.00	\$21.30	\$21.81	\$0.00	\$33.09	\$0.00	\$10.08	\$0.99														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$212.04	\$106.67	\$0.00	\$21.52	\$22.22	\$0.00	\$50.56	\$0.00	\$10.08	\$0.99														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.21																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2546	1.4040				
Provider: AUTUMN LANE HEALTH AND REHABILITATION Prvdr ID: 00082992A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2546	1.4040	1.3121	1.4431	1.3391	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,517,542	\$3,169,373	\$0	\$633,367	\$738,895	\$0	\$1,364,141		\$1,611,766	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$342,464)	(\$1,339)	\$0	(\$601)	(\$19,871)	\$1,574	(\$120,312)		(\$201,915)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,300																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$201,915														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,443,293	\$3,168,034	\$0	\$632,766	\$719,024	\$1,574	\$1,243,829	\$66,300	\$1,409,851	\$201,915														
8	Total Nursing Facility Days	As Filed Days = 27,880 FY22 Audited C/R Days		27,762																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,880 FY22 GL-PL Ins Rpt Days											27,762													
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$268.10	\$114.11	\$0.00	\$22.79	\$25.96	(with L&H)	\$44.80	\$2.39	\$50.78	\$7.27														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2546																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.95																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.95	\$0.00	\$22.79	\$25.96		\$44.80	\$2.39	\$50.78	\$7.27														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.42	\$90.95	\$0.00	\$22.79	\$25.96		\$38.83	\$2.39	36.23 (FRV)	\$7.27														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.42	\$90.95	\$0.00	\$22.79	\$25.96	\$0.00	\$38.83	\$2.39	\$36.23	\$7.27														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3391																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.79																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.26	\$121.79	\$0.00	\$22.79	\$25.96	\$0.00	\$38.83	\$2.39	\$36.23	\$7.27														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.09	\$6.09																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.57	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.83	\$129.63	\$0.00	\$23.01	\$26.37	\$0.00	\$55.93	\$2.39	\$36.23	\$7.27														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.80																							

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

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Provider: TOWER ROAD POST ACUTE, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083003A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5081	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.89%	1.0%	Quarterly Medicaid PDPM:			1.6705	1.4431
							3.92	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.7047	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,985,712	\$7,059,844	\$0	\$766,055	\$861,747	\$0	\$1,548,333		\$2,749,733	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$84,251)	(\$60,948)	\$0	\$0	\$3,268	\$4,338	\$51,937		(\$82,846)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$65,842			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$84,164	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,051,467	\$6,998,896	\$0	\$766,055	\$865,015	\$4,338	\$1,600,270	\$65,842	\$2,666,887	\$84,164	
8	Total Nursing Facility Days	As Filed Days = 40,999		FY22 Audited C/R Days	40,999								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,999		FY22 GL-PL Ins Rpt Days						40,999			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$318.33	\$170.71	\$0.00	\$18.68	\$21.20	(with L&H)	\$39.03	\$1.61	\$65.05	\$2.05	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5081									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.19									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.19	\$0.00	\$18.68	\$21.20		\$39.03	\$1.61	\$65.05	\$2.05	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.58	\$113.19	\$0.00	\$18.68	\$21.20		\$38.83	\$1.61	12.02 (FRV)	\$2.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.58	\$113.19	\$0.00	\$18.68	\$21.20	\$0.00	\$38.83	\$1.61	\$12.02	\$2.05	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7047									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$192.95									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$287.34	\$192.95	\$0.00	\$18.68	\$21.20	\$0.00	\$38.83	\$1.61	\$12.02	\$2.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.98	\$8.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.32	\$201.20	\$0.00	\$18.90	\$21.61	\$0.00	\$55.93	\$1.61	\$12.02	\$2.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.17										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
				a	b	c	d	e	f	g	g	h	i
Provider: GREEN ACRES HEALTH AND REHABILITATION Prvdr ID: 00083014A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.76% Nurse Hours per On-Site Day/Quality Incentive: 3.57			Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.3568 Quarterly Medicaid PDPM: 1.3839 Qtrly Mcaid PDPM w RUG Wght Options: 1.4110			Facility Specific: 1.4040 State-wide: 1.4431 1.4722	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,703,936	\$3,435,460	\$0	\$615,296	\$639,801	\$0	\$1,236,649		\$776,730	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$136,213)	\$0	\$0	\$0	\$0	\$1,441	(\$105,304)		(\$32,350)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,440			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,350	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,676,513	\$3,435,460	\$0	\$615,296	\$639,801	\$1,441	\$1,131,345	\$76,440	\$744,380	\$32,350	
8	Total Nursing Facility Days	As Filed Days = 25,629 FY22 Audited C/R Days	25,699										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,629 FY22 GL-PL Ins Rpt Days								25,699			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.79	\$133.68	\$0.00	\$23.94	\$24.95	(with L&H)	\$44.02	\$2.97	\$28.97	\$1.26	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3568									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.53									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.53	\$0.00	\$23.94	\$24.95		\$44.02	\$2.97	\$28.97	\$1.26	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.02	\$98.53	\$0.00	\$23.94	\$24.95		\$38.83	\$2.97	12.54 (FRV)	\$1.26	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.02	\$98.53	\$0.00	\$23.94	\$24.95	\$0.00	\$38.83	\$2.97	\$12.54	\$1.26	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4110									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.03									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.52	\$139.03	\$0.00	\$23.94	\$24.95	\$0.00	\$38.83	\$2.97	\$12.54	\$1.26	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.95	\$6.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.60	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.12	\$147.90	\$0.00	\$24.16	\$25.36	\$0.00	\$55.93	\$2.97	\$12.54	\$1.26	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.77										

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

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Provider: ABERCORN REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083025A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3093	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.88%	1.0%	Quarterly Medicaid PDPM:			1.3345	1.4431
							3.14	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3609	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,363,293	\$2,958,572	\$0	\$454,276	\$506,021	\$0	\$1,088,123		\$1,356,301	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$298,990)	\$0	\$0	\$0	\$0	\$0	(\$217,687)		(\$81,303)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$217,687			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$81,303	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,363,293	\$2,958,572	\$0	\$454,276	\$506,021	\$0	\$870,436	\$217,687	\$1,274,998	\$81,303	
8	Total Nursing Facility Days	As Filed Days = 28,972 FY22 Audited C/R Days	28,972										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,972 FY22 GL-PL Ins Rpt Days								28,972			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.64	\$102.12	\$0.00	\$15.68	\$17.47	(with L&H)	\$30.04	\$7.51	\$44.01	\$2.81	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3093									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.99									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.99	\$0.00	\$15.68	\$17.47		\$30.04	\$7.51	\$44.01	\$2.81	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.26	\$77.99	\$0.00	\$15.68	\$17.47		\$30.04	\$7.51	12.76 (FRV)	\$2.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.26	\$77.99	\$0.00	\$15.68	\$17.47	\$0.00	\$30.04	\$7.51	\$12.76	\$2.81	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3609									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$106.14									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.41	\$106.14	\$0.00	\$15.68	\$17.47	\$0.00	\$30.04	\$7.51	\$12.76	\$2.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$217.41	\$113.04	\$0.00	\$15.90	\$17.88	\$0.00	\$47.51	\$7.51	\$12.76	\$2.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.23										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3026	1.4040	Qtrly BIMS score	42.31%	2.5%
			a	b	c	d	e	f	g	g	h	i									
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
Peer Group Standards & Efficiency Measure Limits																					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,548,928	\$2,535,592	\$0	\$573,329	\$690,347	\$0	\$1,037,768		\$711,892	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$167,806)	\$0	\$0	(\$54,000)	\$0	\$0	(\$77,964)		(\$35,842)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,060											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$35,842
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,477,024	\$2,535,592	\$0	\$519,329	\$690,347	\$0	\$959,804	\$60,060	\$676,050	\$35,842									
8	Total Nursing Facility Days	As Filed Days = 21,246 FY22 Audited C/R Days	21,246																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,246 FY22 GL-PL Ins Rpt Days									21,246										
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.79	\$119.34	\$0.00	\$24.44	\$32.49	(with L&H)	\$45.18	\$2.83	\$31.82	\$1.69									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3026																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.62	\$0.00	\$24.44	\$32.49		\$45.18	\$2.83	\$31.82	\$1.69									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.62	\$0.00	\$24.44	\$32.49		\$45.18	\$2.83	\$31.82	\$1.69									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$91.62	\$0.00	\$24.44	\$32.49		\$38.83	\$2.83	15.01 (FRV)	\$1.69									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.91	\$91.62	\$0.00	\$24.44	\$32.49	\$0.00	\$38.83	\$2.83	\$15.01	\$1.69									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4310																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.11	\$0.00	\$24.44	\$32.49	\$0.00	\$38.83	\$2.83	\$15.01	\$1.69									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.40	\$131.11	\$0.00	\$24.44	\$32.49	\$0.00	\$38.83	\$2.83	\$15.01	\$1.69									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.56	\$6.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$28.10	\$10.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.50	\$141.48	\$0.00	\$24.66	\$32.90	\$0.00	\$55.93	\$2.83	\$15.01	\$1.69									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.05																		

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

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Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083047A		PDPM Per Diem Rate Effective Date: 7/1/2024		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.6177			1.6177	1.4040
						Qtrly BIMS score: 26.76%	1.0%	Quarterly Medicaid PDPM: 1.5132			1.5132	1.4431
						Nurse Hours per On-Site Day/Quality Incentive: 3.35	4.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.5132			1.5132	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,665,451	\$4,333,583	\$0	\$995,214	\$883,940	\$0	\$1,879,270		\$573,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$392,608)	\$0	\$0	\$0	\$0	\$0	(\$352,623)		(\$39,985)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$352,623		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,985
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,665,451	\$4,333,583	\$0	\$995,214	\$883,940	\$0	\$1,526,647	\$352,623	\$533,459	\$39,985
8	Total Nursing Facility Days	As Filed Days = 32,709 FY22 Audited C/R Days	32,709									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,709 FY22 GL-PL Ins Rpt Days								32,709		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.92	\$132.49	\$0.00	\$30.43	\$27.02	(with L&H)	\$46.67	\$10.78	\$16.31	\$1.22
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6177								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.90	\$0.00	\$30.43	\$27.02		\$46.67	\$10.78	\$16.31	\$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.16	\$81.90	\$0.00	\$30.35	\$27.02		\$38.83	\$10.78	12.06 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.16	\$81.90	\$0.00	\$30.35	\$27.02	\$0.00	\$38.83	\$10.78	\$12.06	\$1.22
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5132								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.19	\$123.93	\$0.00	\$30.35	\$27.02	\$0.00	\$38.83	\$10.78	\$12.06	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.24	\$6.73	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.43	\$130.66	\$0.00	\$30.35	\$27.43	\$0.00	\$55.93	\$10.78	\$12.06	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.50									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:
Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE Prvdr ID: 00083102A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	1.8412	1.4040				
Add-on Data and Percentages: Growth Allowance: N/A, Qtrly BIMS score: 42.86%, Nurse Hours per On-Site Day/Quality Incentive: 3.13													0.00%	2.5%	5.0%	1.7621	1.4431	1.7989	1.4722	
Facility Score : 42.86% Add-on Percent : 5.0% Base Period Overall PDPMCM : 1.8412 Quarterly Medicaid PDPM : 1.7621 Qtrly Mcaid PDPM w RUG Wght Options : 1.7989													1.8412	1.4040	1.7621	1.4431	1.7989	1.4722		
PDPM BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,215,000	\$6,396,042	\$0	\$1,049,121	\$947,353	\$0	\$2,420,062		\$1,402,422	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$559,821)	(\$351,157)	\$0	\$326	(\$8,529)	(\$15,517)	(\$62,386)		(\$122,558)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$147,884										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$120,210								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,923,273	\$6,044,885	\$0	\$1,049,447	\$938,824	(\$15,517)	\$2,357,676	\$147,884	\$1,279,864	\$120,210								
8	Total Nursing Facility Days	As Filed Days = 38,146 FY22 Audited C/R Days	38,146																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,146 FY22 GL-PL Ins Rpt Days								38,146										
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$312.57	\$158.47	\$0.00	\$27.51	\$24.20	<i>(with L&H)</i>	\$61.81	\$3.88	\$33.55	\$3.15								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.8412																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.07																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.07	\$0.00	\$27.51	\$24.20		\$61.81	\$3.88	\$33.55	\$3.15								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.59	\$86.07	\$0.00	\$27.51	\$24.20		\$38.83	\$3.88	26.95 <i>(FRV)</i>	\$3.15								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.59	\$86.07	\$0.00	\$27.51	\$24.20	\$0.00	\$38.83	\$3.88	\$26.95	\$3.15								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7989																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.83																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.35	\$154.83	\$0.00	\$27.51	\$24.20	\$0.00	\$38.83	\$3.88	\$26.95	\$3.15								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.87	\$3.87																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.74	\$7.74																
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	\$29.87	\$12.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.22	\$166.97	\$0.00	\$27.73	\$24.61	\$0.00	\$55.93	\$3.88	\$26.95	\$3.15								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.09																	

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,394,325	\$3,835,734	\$0	\$826,721	\$740,508	\$0	\$1,509,017		\$482,345	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$352,825)	(\$70,154)	\$0	\$0	\$4,814	\$5,656	(\$249,901)		(\$43,240)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$278,742		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,836
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,352,078	\$3,765,580	\$0	\$826,721	\$745,322	\$5,656	\$1,259,116	\$278,742	\$439,105	\$31,836
8	Total Nursing Facility Days	As Filed Days = 32,835 FY22 Audited C/R Days	32,675									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,835 FY22 GL-PL Ins Rpt Days								32,675		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.99	\$115.24	\$0.00	\$25.30	\$22.98	(with L&H)	\$38.53	\$8.53	\$13.44	\$0.97
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5925								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.36	\$0.00	\$25.30	\$22.98		\$38.53	\$8.53	\$13.44	\$0.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$72.36	\$0.00	\$25.30	\$22.98		\$38.53	\$8.53	12.98 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.65	\$72.36	\$0.00	\$25.30	\$22.98	\$0.00	\$38.53	\$8.53	\$12.98	\$0.97
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6477								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.52	\$119.23	\$0.00	\$25.30	\$22.98	\$0.00	\$38.53	\$8.53	\$12.98	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.77	\$4.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.23	\$8.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.75	\$127.51	\$0.00	\$25.52	\$23.39	\$0.00	\$55.85	\$8.53	\$12.98	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.24									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3129	1.4040				
Provider: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3129	1.4040	1.3903	1.4431	1.4192	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,674,363	\$4,691,170	\$0	\$761,539	\$651,989	\$0	\$1,281,702		\$287,963	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$230,449)	(\$6,914)	\$0	\$0	(\$2,516)	(\$2,782)	(\$172,560)		(\$45,677)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$45,306													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,489,220	\$4,684,256	\$0	\$761,539	\$649,473	(\$2,782)	\$1,109,142	\$0	\$242,286	\$45,306														
8	Total Nursing Facility Days	As Filed Days = 34,395 FY22 Audited C/R Days	34,395																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,395 FY22 GL-PL Ins Rpt Days								34,395																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.74	\$136.19	\$0.00	\$22.14	\$18.80	(with L&H)	\$32.25	\$0.00	\$7.04	\$1.32														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3129																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$103.73																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.73	\$0.00	\$22.14	\$18.80		\$32.25	\$0.00	\$7.04	\$1.32														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.23	\$103.73	\$0.00	\$22.14	\$18.80		\$32.25	\$0.00	11.99 (FRV)	\$1.32														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.23	\$103.73	\$0.00	\$22.14	\$18.80	\$0.00	\$32.25	\$0.00	\$11.99	\$1.32														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4192																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.21																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.71	\$147.21	\$0.00	\$22.14	\$18.80	\$0.00	\$32.25	\$0.00	\$11.99	\$1.32														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42																						
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	\$24.52	\$6.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.23	\$153.63	\$0.00	\$22.36	\$19.21	\$0.00	\$49.72	\$0.00	\$11.99	\$1.32														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.85																							

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,261,771	\$4,854,239	\$0	\$661,037	\$591,070	\$0	\$1,953,016		\$202,409	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$540,723)	(\$24,695)	\$0	\$0	\$1,631	\$2,247	(\$462,928)		(\$56,978)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$436,307		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,352
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,214,707	\$4,829,544	\$0	\$661,037	\$592,701	\$2,247	\$1,490,088	\$436,307	\$145,431	\$57,352
8	Total Nursing Facility Days	As Filed Days = 38,235 FY22 Audited C/R Days	38,235									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,235 FY22 GL-PL Ins Rpt Days								38,235		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.84	\$126.31	\$0.00	\$17.29	\$15.56	(with L&H)	\$38.97	\$11.41	\$3.80	\$1.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4383								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.82	\$0.00	\$17.29	\$15.56		\$38.97	\$11.41	\$3.80	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.15	\$87.82	\$0.00	\$17.29	\$15.56		\$38.83	\$11.41	11.74 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.15	\$87.82	\$0.00	\$17.29	\$15.56	\$0.00	\$38.83	\$11.41	\$11.74	\$1.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3651								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.88								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.21	\$119.88	\$0.00	\$17.29	\$15.56	\$0.00	\$38.83	\$11.41	\$11.74	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.46	\$126.40	\$0.00	\$17.51	\$15.97	\$0.00	\$55.93	\$11.41	\$11.74	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.52									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,479,530	\$7,421,408	\$0	\$978,308	\$1,437,113	\$0	\$1,473,124		\$169,577	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$320,358)	\$0	\$0	\$0	\$0	\$0	(\$288,458)		(\$31,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$288,458		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,900
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,479,530	\$7,421,408	\$0	\$978,308	\$1,437,113	\$0	\$1,184,666	\$288,458	\$137,677	\$31,900
8	Total Nursing Facility Days	As Filed Days = 38,758 FY22 Audited C/R Days	38,758									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,758 FY22 GL-PL Ins Rpt Days								38,758		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$296.18	\$191.48	\$0.00	\$25.24	\$37.08	(with L&H)	\$30.57	\$7.44	\$3.55	\$0.82
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4286								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$134.03	\$0.00	\$25.24	\$37.08		\$30.57	\$7.44	\$3.55	\$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.79	\$117.25	\$0.00	\$25.24	\$33.22		\$30.57	\$7.44	22.25 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.79	\$117.25	\$0.00	\$25.24	\$33.22	\$0.00	\$30.57	\$7.44	\$22.25	\$0.82
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4903								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$174.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$294.28	\$174.74	\$0.00	\$25.24	\$33.22	\$0.00	\$30.57	\$7.44	\$22.25	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.37	\$4.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.61	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$321.58	\$184.35	\$0.00	\$25.46	\$33.22	\$0.00	\$48.04	\$7.44	\$22.25	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$228.36									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,224,078	\$3,950,814	\$0	\$569,257	\$673,309	\$0	\$1,444,741		\$585,957	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$260,304)	\$245	\$0	\$0	\$0	\$2,732	(\$172,197)		(\$91,084)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$166,574		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$91,033
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,221,381	\$3,951,059	\$0	\$569,257	\$673,309	\$2,732	\$1,272,544	\$166,574	\$494,873	\$91,033
8	Total Nursing Facility Days	As Filed Days = 33,601 FY22 Audited C/R Days	33,601									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,601 FY22 GL-PL Ins Rpt Days								33,601		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.92	\$117.59	\$0.00	\$16.94	\$20.12	(with L&H)	\$37.87	\$4.96	\$14.73	\$2.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4215								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.72	\$0.00	\$16.94	\$20.12		\$37.87	\$4.96	\$14.73	\$2.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.05	\$82.72	\$0.00	\$16.94	\$20.12		\$37.87	\$4.96	12.73 (FRV)	\$2.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.05	\$82.72	\$0.00	\$16.94	\$20.12	\$0.00	\$37.87	\$4.96	\$12.73	\$2.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7622								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.10	\$145.77	\$0.00	\$16.94	\$20.12	\$0.00	\$37.87	\$4.96	\$12.73	\$2.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.83	\$5.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.92	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.02	\$153.59	\$0.00	\$17.16	\$20.53	\$0.00	\$55.34	\$4.96	\$12.73	\$2.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.44									

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

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Provider: MADISON HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083278A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM: 1.6977				1.6977	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	54.69%	Quarterly Medicaid PDPM: 1.6566				1.6566	1.4431	
					3.40	Qtrly Mcaid PDPM w RUG Wght Options: 1.6888				1.6888	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,489,067	\$2,452,231	\$0	\$575,470	\$612,512	\$0	\$793,887		\$54,967	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$172,595)	\$0	\$0	\$0	\$698	\$915	(\$130,159)		(\$44,049)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,126		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$44,165
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,477,763	\$2,452,231	\$0	\$575,470	\$613,210	\$915	\$663,728	\$117,126	\$10,918	\$44,165
8	Total Nursing Facility Days	As Filed Days = 21,843 FY22 Audited C/R Days	21,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,843 FY22 GL-PL Ins Rpt Days								21,843		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.01	\$112.27	\$0.00	\$26.35	\$28.12	(with L&H)	\$30.39	\$5.36	\$0.50	\$2.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6977								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.13	\$0.00	\$26.35	\$28.12		\$30.39	\$5.36	\$0.50	\$2.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.54	\$66.13	\$0.00	\$26.35	\$28.12		\$30.39	\$5.36	13.17 (FRV)	\$2.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.54	\$66.13	\$0.00	\$26.35	\$28.12	\$0.00	\$30.39	\$5.36	\$13.17	\$2.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6888								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.09	\$111.68	\$0.00	\$26.35	\$28.12	\$0.00	\$30.39	\$5.36	\$13.17	\$2.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.14	\$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.35	\$12.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.44	\$123.93	\$0.00	\$26.57	\$28.53	\$0.00	\$47.86	\$5.36	\$13.17	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.76									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4628	1.4040
Provider: RIVERDALE CENTER FOR NURSING AND HEALING Prvdr ID: 00083289A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4628	1.4040
Facility Specific 1.6535 1.6879													1.4628	1.4040								
State-wide 1.4431 1.4722													1.4431	1.4722								
PDPM BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,295,763	\$5,208,722	\$0	\$955,632	\$963,234	\$0	\$1,643,427		\$1,524,748	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$388,882)	(\$90,631)	\$0	\$0	\$2,689	\$3,663	(\$155,560)		(\$149,043)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$246,191												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$150,025										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,303,097	\$5,118,091	\$0	\$955,632	\$965,923	\$3,663	\$1,487,867	\$246,191	\$1,375,705	\$150,025										
8	Total Nursing Facility Days	As Filed Days = 50,025 FY22 Audited C/R Days	50,025																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,025 FY22 GL-PL Ins Rpt Days								50,025												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.95	\$102.31	\$0.00	\$19.10	\$19.38	(with L&H)	\$29.74	\$4.92	\$27.50	\$3.00										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4628																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.94																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.94	\$0.00	\$19.10	\$19.38		\$29.74	\$4.92	\$27.50	\$3.00										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.41	\$69.94	\$0.00	\$19.10	\$19.38		\$29.74	\$4.92	11.33 (FRV)	\$3.00										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.41	\$69.94	\$0.00	\$19.10	\$19.38	\$0.00	\$29.74	\$4.92	\$11.33	\$3.00										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6879																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.05																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.52	\$118.05	\$0.00	\$19.10	\$19.38	\$0.00	\$29.74	\$4.92	\$11.33	\$3.00										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.64	\$125.07	\$0.00	\$19.32	\$19.79	\$0.00	\$47.21	\$4.92	\$11.33	\$3.00										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.16																			

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW THOMASVILLE Pvdr ID: 00083311A H/B ? : NO				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: 07/01/24		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	BIMS: 21.2%	Nurse Hours per On-Site Day/Quality Incentive: 3.06	0.00%	1.0%	3.0%	Base Period Overall PDPM: 1.2950	Quarterly Medicaid PDPM: 1.9203	Qtrly Mcaid PDPM w RUG Wght Options: 1.9582	1.4040	1.4438	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	h	i	j			
CASE MIX BASED RATE CALCULATIONS															
Cost Center Peer Groups per Selected Options															
Type of Facility within Peer Group															
Bed Size Range within Peer Group															
Peer Group Standards & Efficiency Measure Limits															
Peer Group Standards: Percentile															
Peer Group Standards: Multiplier															
Efficiency Measures (Maximums)															
Base Period Per Diem Allowed Amounts															
Net Historical Cost 2021															
FY2021 C/R -FY 2021 GL-PL Rpt															
Inflation (July 2022) @ 5.90%															
Patient Days															
FY 2021 Cost Rpt															
Total Nursing Facility Days GL-PL Ins. Rpt															
FY 21 GL-PL Ins Rpt Days															
Inflated NHC/ Patient Days															
Base Period Facility PDPM for all Residents															
Routine Services PDPM Adjusted Net Per Diem															
Net Per Diems After PDPM Adjustments															
Per Diem Standards															
Base Period PDPM Adjusted Allowed Per Diem															
Quarterly Per Diem Rate Prior to Add-Ons															
Growth Allowance 0.000%															
PDPMA Allowed Per Diem After Growth Allowance															
Quarterly Facility PDPM for Medicaid Residents															
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem															
Quarterly Medicaid PDPMA Allowed Per Diem															
Quarterly Per Diem Add-On Amounts															
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)															
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)															
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%															
Nursing Home Provider Fee															
Total Quarterly Per Diem Add-On Amounts															
Quarterly PDPM Based Per Diem Rate															
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%															

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,193,741	\$6,727,189	\$0	\$1,209,108	\$1,510,910	\$0	\$2,402,435		\$344,099	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$296,600)	\$0	\$0	\$0	\$3,501	\$5,171	(\$233,696)		(\$71,576)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$254,393		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$71,986
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$12,223,520	\$6,727,189	\$0	\$1,209,108	\$1,514,411	\$5,171	\$2,168,739	\$254,393	\$272,523	\$71,986
8	Total Nursing Facility Days	As Filed Days = 39,935 FY22 Audited C/R Days	39,935									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,935 FY22 GL-PL Ins Rpt Days								39,935		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$306.08	\$168.45	\$0.00	\$30.28	\$38.05	(with L&H)	\$54.31	\$6.37	\$6.82	\$1.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4283								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.94	\$0.00	\$30.28	\$38.05		\$54.31	\$6.37	\$6.82	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$249.50	\$117.25	\$0.00	\$30.28	\$33.22		\$38.83	\$6.37	21.75 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$249.50	\$117.25	\$0.00	\$30.28	\$33.22	\$0.00	\$38.83	\$6.37	\$21.75	\$1.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4636								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$171.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.86	\$171.61	\$0.00	\$30.28	\$33.22	\$0.00	\$38.83	\$6.37	\$21.75	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.05	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.29	\$4.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.58	\$8.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.02	\$12.87	\$0.00	\$0.05	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$333.88	\$184.48	\$0.00	\$30.33	\$33.22	\$0.00	\$55.93	\$6.37	\$21.75	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$237.59									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,709,129	\$1,851,927	\$0	\$359,023	\$372,278	\$0	\$712,289		\$413,612	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$216,789)	(\$3,840)	\$0	\$0	\$1,659	\$1,856	(\$187,087)		(\$29,377)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$42,607		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,654
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,564,601	\$1,848,087	\$0	\$359,023	\$373,937	\$1,856	\$525,202	\$42,607	\$384,235	\$29,654
8	Total Nursing Facility Days As Filed Days = 19,739	FY22 Audited C/R Days	19,739									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,739	FY22 GL-PL Ins Rpt Days								19,739		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.60	\$93.63	\$0.00	\$18.19	\$19.04	(with L&H)	\$26.61	\$2.16	\$19.47	\$1.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2723								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.59								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.59	\$0.00	\$18.19	\$19.04		\$26.61	\$2.16	\$19.47	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.18	\$73.59	\$0.00	\$18.19	\$19.04		\$26.61	\$2.16	10.09 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.18	\$73.59	\$0.00	\$18.19	\$19.04	\$0.00	\$26.61	\$2.16	\$10.09	\$1.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4940								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.53	\$109.94	\$0.00	\$18.19	\$19.04	\$0.00	\$26.61	\$2.16	\$10.09	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$210.56	\$114.87	\$0.00	\$18.41	\$19.45	\$0.00	\$44.08	\$2.16	\$10.09	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.10									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,160,980	\$1,945,135	\$0	\$373,738	\$517,606	\$0	\$1,098,599		\$225,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$485,131)	(\$21,151)	\$0	\$0	\$0	(\$540)	(\$418,336)		(\$45,104)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$408,393		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$40,603
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,124,845	\$1,923,984	\$0	\$373,738	\$517,606	(\$540)	\$680,263	\$408,393	\$180,798	\$40,603
8	Total Nursing Facility Days As Filed Days = 18,605	FY22 Audited C/R Days	18,605									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,605	FY22 GL-PL Ins Rpt Days								18,605		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.70	\$103.41	\$0.00	\$20.09	\$27.79	(with L&H)	\$36.56	\$21.95	\$9.72	\$2.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2063								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.72	\$0.00	\$20.09	\$27.79		\$36.56	\$21.95	\$9.72	\$2.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.75	\$85.72	\$0.00	\$20.09	\$27.79		\$36.56	\$21.95	12.46 (FRV)	\$2.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.75	\$85.72	\$0.00	\$20.09	\$27.79	\$0.00	\$36.56	\$21.95	\$12.46	\$2.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8838								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.51	\$161.48	\$0.00	\$20.09	\$27.79	\$0.00	\$36.56	\$21.95	\$12.46	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.46	\$6.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.21	\$170.08	\$0.00	\$20.31	\$28.20	\$0.00	\$54.03	\$21.95	\$12.46	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.08									

Quarterly Case Mix Per Diem Calculation

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Provider: PruittHealth - Creekside	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140049A	Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			Use Stwd	1.4040
H/B ? : No	PDPM Per Diem Rate Effective Date: 07/01/24	BIMS:	0.0%	0.0%	Quarterly Medicaid PDPM:			0.0000	1.4438
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/24	Nurse Hours per On-Site Day/Quality Incentive:	0.00	0.0%	Qrtrly Mcaid PDPM w RUG Wght Options:			1.6011	1.4715

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Svcs)	FY 2020 Peer Group Limit		\$117.25		\$30.35	\$33.22		\$38.83		\$20.98	\$0.00
	<u>Allowed @ 90% of Std</u>		\$218.68	\$105.53		\$27.32	\$29.90		\$34.95		\$20.98	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	PDPMA Allowed Per Diem (After Growth Allowance)		\$218.68	\$105.53		\$27.32	\$29.90		\$34.95	\$	20.98	\$0.00
	Quarterly Facility PDPM for Medicaid Residents			1.6011							(FRV Rate)	
	Qrtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem			\$168.97								
	Quarterly Medicaid PDPMA Allowed Per Diem		\$286.15	\$168.97		\$27.32	\$29.90		\$34.95	4.03	\$20.98	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%		\$0.00	\$0.00								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$17.10									
	Quarterly PDPM Based Per Diem Rate		\$303.25	\$168.97		\$27.32	\$29.90		\$52.05	4.03	\$20.98	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$214.61									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,689,984	\$2,214,385	\$0	\$481,320	\$515,004	\$0	\$914,971		\$564,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$118,859)	\$11,833	\$0	(\$11,833)	\$0	\$0	(\$90,327)		(\$28,532)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$80,340		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,532
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,679,997	\$2,226,218	\$0	\$469,487	\$515,004	\$0	\$824,644	\$80,340	\$535,772	\$28,532
8	Total Nursing Facility Days As Filed Days = 18,616	FY22 Audited C/R Days	18,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,616	FY22 GL-PL Ins Rpt Days								18,616		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.40	\$119.59	\$0.00	\$25.22	\$27.66	(with L&H)	\$44.30	\$4.32	\$28.78	\$1.53
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3726								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.13	\$0.00	\$25.22	\$27.66		\$44.30	\$4.32	\$28.78	\$1.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.86	\$87.13	\$0.00	\$25.22	\$27.66		\$38.83	\$4.32	13.17 (FRV)	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.86	\$87.13	\$0.00	\$25.22	\$27.66	\$0.00	\$38.83	\$4.32	\$13.17	\$1.53
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2967								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.71	\$112.98	\$0.00	\$25.22	\$27.66	\$0.00	\$38.83	\$4.32	\$13.17	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.65	\$5.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.04	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.75	\$120.29	\$0.00	\$25.44	\$28.07	\$0.00	\$55.93	\$4.32	\$13.17	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.74									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: WESTMINSTER COMMONS Prvdr ID: 00140082A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24															
			Growth Allowance: N/A Qtrly BIMS score: 30.16% Nurse Hours per On-Site Day/Quality Incentive: 3.73				Add-on Percent: 0.00% 2.5% 2.0%				Base Period Overall PDPMCM: 1.2208 Quarterly Medicaid PDPM: 1.1703 Qtrly Mcaid PDPM w RUG Wght Options: 1.1932		1.4040	1.4431	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,896,852	\$3,236,704	\$0	\$379,584	\$525,452	\$0	\$998,609		\$756,503	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$297,579)	\$0	\$0	\$0	\$0	\$0	(\$233,537)		(\$64,042)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$233,537					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,042			
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,896,852	\$3,236,704	\$0	\$379,584	\$525,452	\$0	\$765,072	\$233,537	\$692,461	\$64,042			
8	Total Nursing Facility Days	As Filed Days = 25,159 FY22 Audited C/R Days	25,159												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,159 FY22 GL-PL Ins Rpt Days								25,159					
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.39	\$128.65	\$0.00	\$15.09	\$20.89	(with L&H)	\$30.41	\$9.28	\$27.52	\$2.55			
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2208											
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.38											
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.38	\$0.00	\$15.09	\$20.89		\$30.41	\$9.28	\$27.52	\$2.55			
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A				
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.09	\$105.38	\$0.00	\$15.09	\$20.89		\$30.41	\$9.28	9.49 (FRV)	\$2.55			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.09	\$105.38	\$0.00	\$15.09	\$20.89	\$0.00	\$30.41	\$9.28	\$9.49	\$2.55			
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1932											
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.74											
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.45	\$125.74	\$0.00	\$15.09	\$20.89	\$0.00	\$30.41	\$9.28	\$9.49	\$2.55			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.28	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$237.73	\$131.92	\$0.00	\$15.31	\$21.30	\$0.00	\$47.88	\$9.28	\$9.49	\$2.55			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.47												

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: APPLING NURSING AND REHABILITATION PAVILION Prvdr ID: 00140093A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.58% Nurse Hours per On-Site Day/Quality Incentive: 3.80			Facility Score Add-on Percent N/A 0.00% 1.0% 4.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.1748 Quarterly Medicaid PDPM: 1.1931 Qtrly Mcaid PDPM w RUG Wght Options: 1.2163			Facility Specific State-wide 1.1748 1.4040 1.1931 1.4431 1.2163 1.4722	
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,704,779	\$4,143,963	\$0	\$1,025,900	\$362,977	\$711,907	\$1,839,491		\$620,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$87,442)	\$0	\$0	\$0	\$2,531	\$4,965	(\$62,533)		(\$32,405)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,533		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,631
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,712,501	\$4,143,963	\$0	\$1,025,900	\$365,508	\$716,872	\$1,776,958	\$62,533	\$588,136	\$32,631
8	Total Nursing Facility Days	As Filed Days = 29,114 FY22 Audited C/R Days		29,114								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,114 FY22 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$299.26	\$142.34	\$0.00	\$35.24	\$37.18	(with L&H)	\$61.03	\$2.15	\$20.20	\$1.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1748								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$121.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$121.16	\$0.00	\$35.24	\$37.18		\$61.03	\$2.15	\$20.20	\$1.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.34	\$117.25	\$0.00	\$35.24	\$33.22		\$38.83	\$2.15	33.53 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$261.34	\$117.25	\$0.00	\$35.24	\$33.22	\$0.00	\$38.83	\$2.15	\$33.53	\$1.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2163								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$286.70	\$142.61	\$0.00	\$35.24	\$33.22	\$0.00	\$38.83	\$2.15	\$33.53	\$1.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$7.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$311.15	\$149.74	\$0.00	\$35.46	\$33.22	\$0.00	\$55.93	\$2.15	\$33.53	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.54									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - ASHBURN Prvdr ID: 00140104A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 39.66% Nurse Hours per On-Site Day/Quality Incentive: 3.33				Base Period Overall PDPMCM: 1.4924 Quarterly Medicaid PDPM: 1.5860 Qtrly Mcaid PDPM w RUG Wght Options: 1.6184				Facility Specific: 1.4924 1.5860 1.6184	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,998,007	\$2,282,956	\$0	\$356,798	\$453,255	\$0	\$798,002		\$106,996	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$342,574)	(\$79,596)	\$0	\$2,579	(\$1,790)	(\$5,217)	(\$225,766)		(\$32,784)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$269,551		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,330
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,942,314	\$2,203,360	\$0	\$359,377	\$451,465	(\$5,217)	\$572,236	\$269,551	\$74,212	\$17,330
8	Total Nursing Facility Days	As Filed Days = 19,955 FY22 Audited C/R Days	19,986									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,955 FY22 GL-PL Ins Rpt Days								19,986		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.26	\$110.25	\$0.00	\$17.98	\$22.33	(with L&H)	\$28.63	\$13.49	\$3.71	\$0.87
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4924								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$17.98	\$22.33		\$28.63	\$13.49	\$3.71	\$0.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$73.88	\$0.00	\$17.98	\$22.33		\$28.63	\$13.49	11.77 <i>(FRV)</i>	\$0.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.95	\$73.88	\$0.00	\$17.98	\$22.33	\$0.00	\$28.63	\$13.49	\$11.77	\$0.87
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6184								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.64	\$119.57	\$0.00	\$17.98	\$22.33	\$0.00	\$28.63	\$13.49	\$11.77	\$0.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.98	\$5.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.60	\$9.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.24	\$129.07	\$0.00	\$18.20	\$22.74	\$0.00	\$46.10	\$13.49	\$11.77	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.86									

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

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Provider: PRUITTHEALTH - BROOKHAVEN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140115A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4101			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 20.69%		Nurse Hours per On-Site Day/Quality Incentive: 3.13		3.13	1.0%	Quarterly Medicaid PDPM: 1.6080			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.6408			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,298,968	\$5,743,771	\$0	\$810,525	\$1,071,153	\$0	\$1,651,730		\$1,021,789	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$890,892)	(\$163,075)	\$0	\$0	(\$1,896)	(\$3,724)	(\$442,621)		(\$279,576)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$556,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$285,619
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,250,254	\$5,580,696	\$0	\$810,525	\$1,069,257	(\$3,724)	\$1,209,109	\$556,559	\$742,213	\$285,619
8	Total Nursing Facility Days	As Filed Days = 45,241										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,241								45,241		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.57	\$123.35	\$0.00	\$17.92	\$23.55	(with L&H)	\$26.73	\$12.30	\$16.41	\$6.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4101								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.48	\$0.00	\$17.92	\$23.55		\$26.73	\$12.30	\$16.41	\$6.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.97	\$87.48	\$0.00	\$17.92	\$23.55		\$26.73	\$12.30	12.68 (FRV)	\$6.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.97	\$87.48	\$0.00	\$17.92	\$23.55	\$0.00	\$26.73	\$12.30	\$12.68	\$6.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6408								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.03	\$143.54	\$0.00	\$17.92	\$23.55	\$0.00	\$26.73	\$12.30	\$12.68	\$6.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.18	\$7.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.25	\$9.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.28	\$152.69	\$0.00	\$18.14	\$23.96	\$0.00	\$44.20	\$12.30	\$12.68	\$6.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.89									

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

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Provider: THE OAKS - ATHENS SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140126A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4249	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.79%	1.0%	Quarterly Medicaid PDPM:			1.6379	1.4431
							3.59	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6715	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,358,710	\$5,395,040	\$0	\$755,132	\$1,302,485	\$0	\$1,887,365		\$2,018,688	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$907,683)	(\$102,509)	\$0	\$0	(\$9,782)	(\$13,739)	(\$463,701)		(\$317,952)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$525,391			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$308,379	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,284,797	\$5,292,531	\$0	\$755,132	\$1,292,703	(\$13,739)	\$1,423,664	\$525,391	\$1,700,736	\$308,379	
8	Total Nursing Facility Days	As Filed Days = 36,636 FY22 Audited C/R Days	36,636										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,636 FY22 GL-PL Ins Rpt Days								36,636			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$308.02	\$144.46	\$0.00	\$20.61	\$34.91	(with L&H)	\$38.86	\$14.34	\$46.42	\$8.42	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4249									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.39									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.39	\$0.00	\$20.61	\$34.91		\$38.86	\$14.34	\$46.42	\$8.42	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$247.69	\$101.39	\$0.00	\$20.61	\$33.22		\$38.83	\$14.34	30.88 (FRV)	\$8.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$247.69	\$101.39	\$0.00	\$20.61	\$33.22	\$0.00	\$38.83	\$14.34	\$30.88	\$8.42	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6715									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$169.47									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$315.77	\$169.47	\$0.00	\$20.61	\$33.22	\$0.00	\$38.83	\$14.34	\$30.88	\$8.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.69	\$1.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.47	\$8.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.01	\$10.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$343.78	\$180.16	\$0.00	\$20.83	\$33.22	\$0.00	\$55.93	\$14.34	\$30.88	\$8.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$245.01										

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

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Provider: EAST LAKE ARBOR Prvdr ID: 00140137A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 27.78% Nurse Hours per On-Site Day/Quality Incentive: 2.36				0.00%	1.0%	Base Period Overall PDPMCM: 1.5278 Quarterly Medicaid PDPM: 1.9110 Qtrly Mcaid PDPM w RUG Wght Options: 1.9496			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,081,538	\$4,100,870	\$0	\$548,521	\$517,443	\$0	\$1,384,070		\$530,634	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$394,824)	(\$7,259)	\$0	\$2,676	\$0	\$0	(\$320,009)		(\$70,232)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$126,352			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,044	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,880,110	\$4,093,611	\$0	\$551,197	\$517,443	\$0	\$1,064,061	\$126,352	\$460,402	\$67,044	
8	Total Nursing Facility Days	As Filed Days = 31,399 FY22 Audited C/R Days	31,399										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,399 FY22 GL-PL Ins Rpt Days								31,399			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.11	\$130.37	\$0.00	\$17.55	\$16.48	(with L&H)	\$33.89	\$4.02	\$14.66	\$2.14	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5278									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.33									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.33	\$0.00	\$17.55	\$16.48		\$33.89	\$4.02	\$14.66	\$2.14	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.13	\$85.33	\$0.00	\$17.55	\$16.48		\$33.89	\$4.02	11.72 (FRV)	\$2.14	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.13	\$85.33	\$0.00	\$17.55	\$16.48	\$0.00	\$33.89	\$4.02	\$11.72	\$2.14	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9496									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$166.36									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.16	\$166.36	\$0.00	\$17.55	\$16.48	\$0.00	\$33.89	\$4.02	\$11.72	\$2.14	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.66	\$1.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.78	\$171.88	\$0.00	\$17.77	\$16.89	\$0.00	\$51.36	\$4.02	\$11.72	\$2.14	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.01										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5441	1.4040
Provider: AUTUMN BREEZE HEALTH AND REHAB Prvdr ID: 00140159A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	16.22%	0.0%	3.32	3.0%	1.3526	1.4431	1.3792	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,054,222	\$2,740,683	\$0	\$537,682	\$599,949	\$0	\$1,171,669		\$1,004,239	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$231,728)	\$0	\$0	\$0	\$0	\$0	(\$170,547)		(\$61,181)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,547												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,181										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,054,222	\$2,740,683	\$0	\$537,682	\$599,949	\$0	\$1,001,122	\$170,547	\$943,058	\$61,181										
8	Total Nursing Facility Days	As Filed Days = 30,465 FY22 Audited C/R Days	30,465																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,465 FY22 GL-PL Ins Rpt Days								30,465												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.73	\$89.96	\$0.00	\$17.65	\$19.69	<i>(with L&H)</i>	\$32.86	\$5.60	\$30.96	\$2.01										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5441																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$58.26																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$17.65	\$19.69		\$32.86	\$5.60	\$30.96	\$2.01										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.38	\$58.26	\$0.00	\$17.65	\$19.69		\$32.86	\$5.60	11.31 <i>(FRV)</i>	\$2.01										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.38	\$58.26	\$0.00	\$17.65	\$19.69	\$0.00	\$32.86	\$5.60	\$11.31	\$2.01										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3792																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$80.35																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.47	\$80.35	\$0.00	\$17.65	\$19.69	\$0.00	\$32.86	\$5.60	\$11.31	\$2.01										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.04	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$190.51	\$83.29	\$0.00	\$17.87	\$20.10	\$0.00	\$50.33	\$5.60	\$11.31	\$2.01										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.06																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3749	1.4040	Qtrly BIMS score	47.06%	5.5%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,376,263	\$1,679,609	\$0	\$262,808	\$459,757	\$0	\$615,001		\$359,088	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$247,114)	(\$27,791)	\$0	\$0	\$804	\$1,623	(\$122,986)		(\$98,764)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$148,962											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$96,760
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,374,871	\$1,651,818	\$0	\$262,808	\$460,561	\$1,623	\$492,015	\$148,962	\$260,324	\$96,760									
8	Total Nursing Facility Days	As Filed Days = 11,762																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,762																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.92	\$140.44	\$0.00	\$22.34	\$39.29	(with L&H)	\$41.83	\$12.66	\$22.13	\$8.23									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3749																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.15																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.15	\$0.00	\$22.34	\$39.29		\$41.83	\$12.66	\$22.13	\$8.23									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.94	\$102.15	\$0.00	\$22.34	\$33.22		\$38.83	\$12.66	24.51	\$8.23									
											(FRV)										
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$241.94	\$102.15	\$0.00	\$22.34	\$33.22	\$0.00	\$38.83	\$12.66	\$24.51	\$8.23									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5447																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.79																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.58	\$157.79	\$0.00	\$22.34	\$33.22	\$0.00	\$38.83	\$12.66	\$24.51	\$8.23									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.68	\$8.68																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.31	\$6.31																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.84	\$15.52	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$330.42	\$173.31	\$0.00	\$22.56	\$33.22	\$0.00	\$55.93	\$12.66	\$24.51	\$8.23									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$234.99																		

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 28.19% Nurse Hours per On-Site Day/Quality Incentive: 4.26				Base Period Overall PDPMCM: 1.4194 Quarterly Medicaid PDPM: 1.3233 Qtrly Mcaid PDPM w RUG Wght Options: 1.3484				Facility Specific: 1.4194 State-wide: 1.4040 1.3233 1.4431 1.3484 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$19,385,741	\$10,491,377	\$0	\$2,475,993	\$2,094,291	\$0	\$3,607,968		\$716,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$226,725)	\$0	\$0	\$0	\$0	\$0	(\$146,952)		(\$79,773)	
As Filed FY22 GL/PL Rpt												
As Filed FY22 C/R												
7	As Filed Cost Center Costs (GL/PL)	FY22 Audited C/R	\$19,385,741	\$10,491,377	\$0	\$2,475,993	\$2,094,291	\$0	\$3,461,016	\$146,952	\$636,339	\$79,773
8	As Filed Cost Center Costs (Taxes and Insurance)	FY22 Audited C/R										
9	Cost Center Costs After Audit Adjustments	FY22 Audited C/R Days										
10	Total Nursing Facility Days	As Filed Days = 66,091	66,091									
11	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 66,091								66,091		
12	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$293.32	\$158.74	\$0.00	\$37.46	\$31.69	(with L&H)	\$52.37	\$2.22	\$9.63	\$1.21
13	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4194								
14	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.83								
15	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.83	\$0.00	\$37.46	\$31.69		\$52.37	\$2.22	\$9.63	\$1.21
16	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
17	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.21	\$111.83	\$0.00	\$30.35	\$31.69		\$38.83	\$2.22	20.08	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
18	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.21	\$111.83	\$0.00	\$30.35	\$31.69	\$0.00	\$38.83	\$2.22	\$20.08	\$1.21
20	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3484								
21	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.79								
22	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.17	\$150.79	\$0.00	\$30.35	\$31.69	\$0.00	\$38.83	\$2.22	\$20.08	\$1.21
Quarterly Per Diem Add-on Amounts												
23	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	
24	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
25	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52								
26	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.97	\$6.56	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$282.14	\$157.35	\$0.00	\$30.35	\$32.10	\$0.00	\$38.83	\$2.22	\$20.08	\$1.21
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.61									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,778,086	\$4,186,189	\$0	\$723,479	\$997,649	\$0	\$1,438,892		\$431,877	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$729,657)	(\$50,445)	\$0	\$0	(\$1,125)	(\$1,042)	(\$590,872)		(\$86,173)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$595,552		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$119,388
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,763,369	\$4,135,744	\$0	\$723,479	\$996,524	(\$1,042)	\$848,020	\$595,552	\$345,704	\$119,388
8	Total Nursing Facility Days	As Filed Days = 38,068 FY22 Audited C/R Days	38,068									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,068 FY22 GL-PL Ins Rpt Days								38,068		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.93	\$108.64	\$0.00	\$19.00	\$26.15	(with L&H)	\$22.28	\$15.64	\$9.08	\$3.14
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4063								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.25	\$0.00	\$19.00	\$26.15		\$22.28	\$15.64	\$9.08	\$3.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.30	\$77.25	\$0.00	\$19.00	\$26.15		\$22.28	\$15.64	15.84 (FRV)	\$3.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.30	\$77.25	\$0.00	\$19.00	\$26.15	\$0.00	\$22.28	\$15.64	\$15.84	\$3.14
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5867								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.62	\$122.57	\$0.00	\$19.00	\$26.15	\$0.00	\$22.28	\$15.64	\$15.84	\$3.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.82	\$9.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.44	\$132.29	\$0.00	\$19.22	\$26.56	\$0.00	\$39.75	\$15.64	\$15.84	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.51									

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

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Provider: PRUITTHEALTH - BETHANY Prvdr ID: 00140269A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 42.47% Nurse Hours per On-Site Day/Quality Incentive: 2.58				0.00%	2.5%	Base Period Overall PDPMCM: 1.4042 Quarterly Medicaid PDPM: 1.5997 Qtrly Mcaid PDPM w RUG Wght Options: 1.6325			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,816,296	\$3,302,987	\$0	\$479,769	\$531,672	\$0	\$1,200,580		\$301,288	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$518,079)	(\$90,377)	\$0	\$0	(\$48)	(\$11,844)	(\$334,534)		(\$81,276)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,497			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,512	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,683,226	\$3,212,610	\$0	\$479,769	\$531,624	(\$11,844)	\$866,046	\$354,497	\$220,012	\$30,512	
8	Total Nursing Facility Days As Filed Days = 28,362	FY22 Audited C/R Days	28,359										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,362	FY22 GL-PL Ins Rpt Days								28,359			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.41	\$113.28	\$0.00	\$16.92	\$18.33	(with L&H)	\$30.54	\$12.50	\$7.76	\$1.08	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4042									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.67									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.67	\$0.00	\$16.92	\$18.33		\$30.54	\$12.50	\$7.76	\$1.08	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.05	\$80.67	\$0.00	\$16.92	\$18.33		\$30.54	\$12.50	16.01 (FRV)	\$1.08	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.05	\$80.67	\$0.00	\$16.92	\$18.33	\$0.00	\$30.54	\$12.50	\$16.01	\$1.08	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6325									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.69									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.07	\$131.69	\$0.00	\$16.92	\$18.33	\$0.00	\$30.54	\$12.50	\$16.01	\$1.08	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.58	\$6.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.50	\$10.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.57	\$142.09	\$0.00	\$17.14	\$18.74	\$0.00	\$48.01	\$12.50	\$16.01	\$1.08	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.85										

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

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Provider: CUMMING OPERATING COMPANY LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140302A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.4312	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	48.15%	Quarterly Medicaid PDPM:				1.6426	1.4431	
					3.18	Qtrly Mcaid PDPM w RUG Wght Options:				1.6763	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,181,612	\$3,598,561	\$0	\$638,218	\$665,819	\$0	\$1,094,985		\$184,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$254,591)	(\$4,970)	\$0	\$0	(\$7,255)	(\$4,275)	(\$229,359)		(\$8,732)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$211,079		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,581
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,146,681	\$3,593,591	\$0	\$638,218	\$658,564	(\$4,275)	\$865,626	\$211,079	\$175,297	\$8,581
8	Total Nursing Facility Days As Filed Days = 20,840	FY22 Audited C/R Days	20,840									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,840	FY22 GL-PL Ins Rpt Days								20,840		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.95	\$172.44	\$0.00	\$30.62	\$31.40	(with L&H)	\$41.54	\$10.13	\$8.41	\$0.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4312								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$120.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.48	\$0.00	\$30.62	\$31.40		\$41.54	\$10.13	\$8.41	\$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.49	\$117.25	\$0.00	\$30.35	\$31.40		\$38.83	\$10.13	13.12 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$241.49	\$117.25	\$0.00	\$30.35	\$31.40	\$0.00	\$38.83	\$10.13	\$13.12	\$0.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6763								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$196.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$320.79	\$196.55	\$0.00	\$30.35	\$31.40	\$0.00	\$38.83	\$10.13	\$13.12	\$0.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$10.81	\$10.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$34.22	\$16.71	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$355.01	\$213.26	\$0.00	\$30.35	\$31.81	\$0.00	\$55.93	\$10.13	\$13.12	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$253.43									

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

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Provider: RIVERSIDE HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140324A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3473	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.29%	2.5%	Quarterly Medicaid PDPM:			1.4631	1.4431
							3.50	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4927	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,406,943	\$5,912,422	\$0	\$688,835	\$891,691	\$0	\$1,666,140		\$2,247,855	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$434,326)	\$0	\$0	\$0	\$0	\$0	(\$412,582)		(\$21,744)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$412,582			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,744	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,406,943	\$5,912,422	\$0	\$688,835	\$891,691	\$0	\$1,253,558	\$412,582	\$2,226,111	\$21,744	
8	Total Nursing Facility Days	As Filed Days = 47,046 FY22 Audited C/R Days	47,046										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,046 FY22 GL-PL Ins Rpt Days								47,046			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.46	\$125.67	\$0.00	\$14.64	\$18.95	(with L&H)	\$26.65	\$8.77	\$47.32	\$0.46	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3473									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.28									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.28	\$0.00	\$14.64	\$18.95		\$26.65	\$8.77	\$47.32	\$0.46	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.95	\$93.28	\$0.00	\$14.64	\$18.95		\$26.65	\$8.77	11.20 (FRV)	\$0.46	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.95	\$93.28	\$0.00	\$14.64	\$18.95	\$0.00	\$26.65	\$8.77	\$11.20	\$0.46	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4927									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.24									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.91	\$139.24	\$0.00	\$14.64	\$18.95	\$0.00	\$26.65	\$8.77	\$11.20	\$0.46	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.20	\$147.43	\$0.00	\$14.86	\$19.36	\$0.00	\$44.12	\$8.77	\$11.20	\$0.46	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.83										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,895,472	\$2,517,142	\$0	\$631,997	\$535,755	\$0	\$1,078,461		\$132,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$160,333)	\$59	\$0	\$0	(\$3,769)	(\$3,492)	(\$142,790)		(\$10,341)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,940		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,200
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,802,279	\$2,517,201	\$0	\$631,997	\$531,986	(\$3,492)	\$935,671	\$56,940	\$121,776	\$10,200
8	Total Nursing Facility Days	As Filed Days = 23,689 FY22 Audited C/R Days	23,801									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,689 FY22 GL-PL Ins Rpt Days								23,801		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.76	\$105.76	\$0.00	\$26.55	\$22.20	(with L&H)	\$39.31	\$2.39	\$5.12	\$0.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1943								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.55	\$0.00	\$26.55	\$22.20		\$39.31	\$2.39	\$5.12	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.67	\$88.55	\$0.00	\$26.55	\$22.20		\$38.83	\$2.39	12.72 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.67	\$88.55	\$0.00	\$26.55	\$22.20	\$0.00	\$38.83	\$2.39	\$12.72	\$0.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2721								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.76	\$112.64	\$0.00	\$26.55	\$22.20	\$0.00	\$38.83	\$2.39	\$12.72	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.63	\$5.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.71	\$8.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.47	\$121.62	\$0.00	\$26.77	\$22.61	\$0.00	\$55.93	\$2.39	\$12.72	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.03									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,546,250	\$3,463,241	\$0	\$620,017	\$718,234	\$0	\$1,495,643		\$1,249,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$369,689)	(\$93,954)	\$0	\$0	\$0	\$0	(\$212,238)		(\$63,497)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$306,192		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,497
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,546,250	\$3,369,287	\$0	\$620,017	\$718,234	\$0	\$1,283,405	\$306,192	\$1,185,618	\$63,497
8	Total Nursing Facility Days As Filed Days = 39,120	FY22 Audited C/R Days	39,120									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,120	FY22 GL-PL Ins Rpt Days								39,120		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.91	\$86.13	\$0.00	\$15.85	\$18.36	(with L&H)	\$32.81	\$7.83	\$30.31	\$1.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3139								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$65.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.55	\$0.00	\$15.85	\$18.36		\$32.81	\$7.83	\$30.31	\$1.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.18	\$65.55	\$0.00	\$15.85	\$18.36		\$32.81	\$7.83	11.16 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.18	\$65.55	\$0.00	\$15.85	\$18.36	\$0.00	\$32.81	\$7.83	\$11.16	\$1.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4168								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$92.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.50	\$92.87	\$0.00	\$15.85	\$18.36	\$0.00	\$32.81	\$7.83	\$11.16	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$203.31	\$97.58	\$0.00	\$16.07	\$18.77	\$0.00	\$50.28	\$7.83	\$11.16	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.66									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ANDERSON MILL CENTER FOR NURSING AND HEALING LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00140379A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4697	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	0.0%	Quarterly Medicaid PDPM:			1.5356	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.72	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5677	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate			\$260.67	\$149.52		\$19.80	\$20.23		\$55.93	\$2.49	\$10.79	\$1.91
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$182.68									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: PRUITTHEALTH - VIRGINIA PARK Prvdr ID: 00140401A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	38.32%	3.63	N/A	1.5345	1.4040	0.00%	2.5%	5.0%	1.7612	1.4431	1.7969	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,393,305	\$4,861,471	\$0	\$782,149	\$893,031	\$0	\$1,232,440		\$624,214	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$602,859)	(\$65,536)	\$0	\$0	\$35,302	\$58,650	(\$410,412)		(\$220,863)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$454,437															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$244,459													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,489,342	\$4,795,935	\$0	\$782,149	\$928,333	\$58,650	\$822,028	\$454,437	\$403,351	\$244,459													
8	Total Nursing Facility Days	FY22 Audited C/R Days	37,356																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY22 GL-PL Ins Rpt Days								37,356															
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.26	\$128.38	\$0.00	\$20.94	\$26.42	<i>(with L&H)</i>	\$22.01	\$12.17	\$10.80	\$6.54													
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5345																					
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.66																					
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.66	\$0.00	\$20.94	\$26.42		\$22.01	\$12.17	\$10.80	\$6.54													
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A														
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.51	\$83.66	\$0.00	\$20.94	\$26.42		\$22.01	\$12.17	16.77	\$6.54	<i>(FRV)</i>												
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.51	\$83.66	\$0.00	\$20.94	\$26.42	\$0.00	\$22.01	\$12.17	\$16.77	\$6.54													
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7969																					
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.33																					
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.18	\$150.33	\$0.00	\$20.94	\$26.42	\$0.00	\$22.01	\$12.17	\$16.77	\$6.54													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.52	\$7.52																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.91	\$11.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$285.09	\$162.14	\$0.00	\$21.16	\$26.83	\$0.00	\$39.48	\$12.17	\$16.77	\$6.54													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.99																						

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2963	1.4040
Provider: BRIGHTMOOR NURSING CENTER, LLC Prvdr ID: 00140412A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	29.73%	1.0%	3.05	4.0%	1.4301	1.4431	1.4589	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
Peer Group Standards & Efficiency Measure Limits																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,954,304	\$3,599,141	\$0	\$893,977	\$1,006,540	\$0	\$1,016,809		\$437,837	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$510,900)	(\$82,374)	\$0	(\$12,224)	(\$71,105)	(\$44,599)	(\$205,115)		(\$95,483)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$145,535												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$85,815										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,674,754	\$3,516,767	\$0	\$881,753	\$935,435	(\$44,599)	\$811,694	\$145,535	\$342,354	\$85,815										
8	Total Nursing Facility Days	As Filed Days = 31,451 FY22 Audited C/R Days	31,451																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,451 FY22 GL-PL Ins Rpt Days								31,451												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.24	\$111.82	\$0.00	\$28.04	\$28.32	(with L&H)	\$25.81	\$4.63	\$10.89	\$2.73										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2963																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.26																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.26	\$0.00	\$28.04	\$28.32		\$25.81	\$4.63	\$10.89	\$2.73										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.03	\$86.26	\$0.00	\$28.04	\$28.32		\$25.81	\$4.63	21.24 <i>(FRV)</i>	\$2.73										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.03	\$86.26	\$0.00	\$28.04	\$28.32	\$0.00	\$25.81	\$4.63	\$21.24	\$2.73										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4589																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.84																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.61	\$125.84	\$0.00	\$28.04	\$28.32	\$0.00	\$25.81	\$4.63	\$21.24	\$2.73										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$6.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.53	\$132.66	\$0.00	\$28.26	\$28.73	\$0.00	\$43.28	\$4.63	\$21.24	\$2.73										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.32																			

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3262	1.4040				
Provider: BROWN'S HEALTH & REHAB CENTER Prvdr ID: 00140434A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3262	1.4040	1.2691	1.4431	1.2939	1.4722
PDPM BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,257,243	\$2,212,016	\$0	\$399,464	\$408,191	\$0	\$686,797		\$550,775	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$125,757)	(\$3,000)	\$0	\$0	\$0	\$0	(\$100,698)		(\$22,059)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$42,642																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,059														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,196,187	\$2,209,016	\$0	\$399,464	\$408,191	\$0	\$586,099	\$42,642	\$528,716	\$22,059														
8	Total Nursing Facility Days	As Filed Days = 21,340 FY22 Audited C/R Days	21,340																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,340 FY22 GL-PL Ins Rpt Days								21,340																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.64	\$103.52	\$0.00	\$18.72	\$19.13	(with L&H)	\$27.46	\$2.00	\$24.78	\$1.03														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3262																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.06																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.06	\$0.00	\$18.72	\$19.13		\$27.46	\$2.00	\$24.78	\$1.03														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.28	\$78.06	\$0.00	\$18.72	\$19.13		\$27.46	\$2.00	13.88 (FRV)	\$1.03														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.28	\$78.06	\$0.00	\$18.72	\$19.13	\$0.00	\$27.46	\$2.00	\$13.88	\$1.03														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2939																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.00																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.22	\$101.00	\$0.00	\$18.72	\$19.13	\$0.00	\$27.46	\$2.00	\$13.88	\$1.03														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$204.88	\$104.56	\$0.00	\$18.94	\$19.54	\$0.00	\$44.93	\$2.00	\$13.88	\$1.03														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.84																							

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4735	1.4040
Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	40.91%	2.5%	2.86	5.0%	1.5383	1.4431	1.5700	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,536,451	\$2,790,430	\$0	\$472,033	\$505,224	\$0	\$1,139,409		\$629,355	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$522,120)	(\$43,519)	\$0	\$3,796	(\$1,333)	(\$2,270)	(\$413,859)		(\$64,935)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$414,759												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,945										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,452,035	\$2,746,911	\$0	\$475,829	\$503,891	(\$2,270)	\$725,550	\$414,759	\$564,420	\$22,945										
8	Total Nursing Facility Days	As Filed Days = 22,007 FY22 Audited C/R Days	22,007																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,007 FY22 GL-PL Ins Rpt Days								22,007												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.74	\$124.82	\$0.00	\$21.62	\$22.79	(with L&H)	\$32.97	\$18.85	\$25.65	\$1.04										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4735																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.71																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.71	\$0.00	\$21.62	\$22.79		\$32.97	\$18.85	\$25.65	\$1.04										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.55	\$84.71	\$0.00	\$21.62	\$22.79		\$32.97	\$18.85	9.57 <i>(FRV)</i>	\$1.04										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.55	\$84.71	\$0.00	\$21.62	\$22.79	\$0.00	\$32.97	\$18.85	\$9.57	\$1.04										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5700																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$132.99																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.83	\$132.99	\$0.00	\$21.62	\$22.79	\$0.00	\$32.97	\$18.85	\$9.57	\$1.04										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.65	\$6.65																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.60	\$10.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.43	\$143.49	\$0.00	\$21.84	\$23.20	\$0.00	\$50.44	\$18.85	\$9.57	\$1.04										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.50																			

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

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Provider: CHURCH HOME REHABILITATION AND HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140467A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5918	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.35%	2.5%	Quarterly Medicaid PDPM:			1.3976	1.4431
							4.10	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4259	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,402,997	\$2,639,755	\$0	\$694,358	\$495,140	\$0	\$1,108,616		\$465,128	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$76,842)	(\$48,732)	\$0	\$0	(\$1,922)	(\$2,100)	(\$8,671)		(\$15,417)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,403			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$15,291	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,398,849	\$2,591,023	\$0	\$694,358	\$493,218	(\$2,100)	\$1,099,945	\$57,403	\$449,711	\$15,291	
8	Total Nursing Facility Days	As Filed Days = 23,271											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,271											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.00	\$111.34	\$0.00	\$29.84	\$21.10	(with L&H)	\$47.27	\$2.47	\$19.32	\$0.66	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5918									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.95									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.95	\$0.00	\$29.84	\$21.10		\$47.27	\$2.47	\$19.32	\$0.66	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.79	\$69.95	\$0.00	\$29.84	\$21.10		\$38.83	\$2.47	32.94 (FRV)	\$0.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.79	\$69.95	\$0.00	\$29.84	\$21.10	\$0.00	\$38.83	\$2.47	\$32.94	\$0.66	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4259									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$99.74									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.58	\$99.74	\$0.00	\$29.84	\$21.10	\$0.00	\$38.83	\$2.47	\$32.94	\$0.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$7.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$250.32	\$106.75	\$0.00	\$30.06	\$21.51	\$0.00	\$55.93	\$2.47	\$32.94	\$0.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.92										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,458,985	\$3,429,296	\$0	\$510,764	\$525,834	\$0	\$751,269		\$241,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$184,499)	(\$50,753)	\$0	\$0	\$0	\$0	(\$107,708)		(\$26,038)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$157,714		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,577
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,455,777	\$3,378,543	\$0	\$510,764	\$525,834	\$0	\$643,561	\$157,714	\$215,784	\$23,577
8	Total Nursing Facility Days As Filed Days = 19,626	FY22 Audited C/R Days	19,626									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,626	FY22 GL-PL Ins Rpt Days								19,626		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$277.98	\$172.15	\$0.00	\$26.02	\$26.79	(with L&H)	\$32.79	\$8.04	\$10.99	\$1.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.7298								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.52	\$0.00	\$26.02	\$26.79		\$32.79	\$8.04	\$10.99	\$1.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.81	\$99.52	\$0.00	\$26.02	\$26.79		\$32.79	\$8.04	18.45 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.81	\$99.52	\$0.00	\$26.02	\$26.79	\$0.00	\$32.79	\$8.04	\$18.45	\$1.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9098								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$190.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.35	\$190.06	\$0.00	\$26.02	\$26.79	\$0.00	\$32.79	\$8.04	\$18.45	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$10.45	\$10.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$34.78	\$16.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$338.13	\$206.74	\$0.00	\$26.24	\$27.20	\$0.00	\$50.26	\$8.04	\$18.45	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$240.77									

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

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Provider: CANTON CENTER FOR NURSING AND HEALING LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140511A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5168	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.75%	0.0%	Quarterly Medicaid PDPM:			1.6183	1.4431
							2.70	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6525	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,713,416	\$2,081,428	\$0	\$310,677	\$367,311	\$0	\$740,860		\$213,140	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$98,542)	(\$31,074)	\$0	\$0	(\$842)	(\$700)	(\$41,126)		(\$24,800)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$69,742			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,696	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,709,312	\$2,050,354	\$0	\$310,677	\$366,469	(\$700)	\$699,734	\$69,742	\$188,340	\$24,696	
8	Total Nursing Facility Days	As Filed Days = 14,886											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,886								14,886			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.19	\$137.74	\$0.00	\$20.87	\$24.57	(with L&H)	\$47.01	\$4.69	\$12.65	\$1.66	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5168									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.81									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$20.87	\$24.57		\$47.01	\$4.69	\$12.65	\$1.66	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.50	\$90.81	\$0.00	\$20.87	\$24.57		\$38.83	\$4.69	14.07 (FRV)	\$1.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.50	\$90.81	\$0.00	\$20.87	\$24.57	\$0.00	\$38.83	\$4.69	\$14.07	\$1.66	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6525									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.06									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.75	\$150.06	\$0.00	\$20.87	\$24.57	\$0.00	\$38.83	\$4.69	\$14.07	\$1.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$21.26	\$3.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.01	\$153.59	\$0.00	\$21.09	\$24.98	\$0.00	\$55.93	\$4.69	\$14.07	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.18										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: THE COTTAGES AT ROCKMART Prvdr ID: 00140544A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 22.41% Qtrly BIMS score: 7.16 Nurse Hours per On-Site Day/Quality Incentive: 3.0%				Base Period Overall PDPMCM: 1.3655 Quarterly Medicaid PDPM: 1.2424 Qtrly Mcaid PDPM w RUG Wght Options: 1.2669				Facility Specific: 1.3655 State-wide: 1.4040 1.4431 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,000,618	\$2,896,452	\$0	\$495,425	\$573,235	\$0	\$900,256		\$2,135,250	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$236,530)	(\$7,007)	\$0	\$0	\$1,433	\$3,046	(\$204,005)		(\$29,997)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$152,068		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,233
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,946,389	\$2,889,445	\$0	\$495,425	\$574,668	\$3,046	\$696,251	\$152,068	\$2,105,253	\$30,233
8	Total Nursing Facility Days	As Filed Days = 18,917 FY22 Audited C/R Days	18,917									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,917 FY22 GL-PL Ins Rpt Days								18,917		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$367.21	\$152.74	\$0.00	\$26.19	\$30.54	(with L&H)	\$36.81	\$8.04	\$111.29	\$1.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3655								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.86	\$0.00	\$26.19	\$30.54		\$36.81	\$8.04	\$111.29	\$1.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$262.20	\$111.86	\$0.00	\$26.19	\$30.54		\$36.81	\$8.04	47.16 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$262.20	\$111.86	\$0.00	\$26.19	\$30.54	\$0.00	\$36.81	\$8.04	\$47.16	\$1.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2669								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$292.06	\$141.72	\$0.00	\$26.19	\$30.54	\$0.00	\$36.81	\$8.04	\$47.16	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$316.36	\$147.92	\$0.00	\$26.41	\$30.95	\$0.00	\$54.28	\$8.04	\$47.16	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$224.45									

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

FINAL

Provider: CALHOUN HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140577A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.6524	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.91%	1.0%	Quarterly Medicaid PDPM:			1.9140	1.4431
							2.20	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.9538	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,890,130	\$2,426,661	\$0	\$518,631	\$488,461	\$0	\$1,050,200		\$406,177	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$185,240)	\$5,100	\$0	\$0	(\$4,361)	(\$4,122)	(\$157,033)		(\$24,824)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$151,933			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,393	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,881,216	\$2,431,761	\$0	\$518,631	\$484,100	(\$4,122)	\$893,167	\$151,933	\$381,353	\$24,393	
8	Total Nursing Facility Days	As Filed Days = 23,522 FY22 Audited C/R Days	23,522										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,522 FY22 GL-PL Ins Rpt Days								23,522			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.52	\$103.38	\$0.00	\$22.05	\$20.41	(with L&H)	\$37.97	\$6.46	\$16.21	\$1.04	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6524									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.56									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.56	\$0.00	\$22.05	\$20.41		\$37.97	\$6.46	\$16.21	\$1.04	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.90	\$62.56	\$0.00	\$22.05	\$20.41		\$37.97	\$6.46	10.41 (FRV)	\$1.04	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.90	\$62.56	\$0.00	\$22.05	\$20.41	\$0.00	\$37.97	\$6.46	\$10.41	\$1.04	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9538									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.23									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.57	\$122.23	\$0.00	\$22.05	\$20.41	\$0.00	\$37.97	\$6.46	\$10.41	\$1.04	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.29	\$4.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.86	\$126.42	\$0.00	\$22.27	\$20.82	\$0.00	\$55.44	\$6.46	\$10.41	\$1.04	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.32										

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

FINAL

Provider: CAMELLIA HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140588A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3912	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.55%	2.5%	Quarterly Medicaid PDPM:			1.3360	1.4431
							3.97	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3633	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,019,839	\$2,086,057	\$0	\$492,191	\$449,379	\$0	\$783,760		\$208,452	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$119,838)	\$0	\$0	\$0	\$0	\$0	(\$97,551)		(\$22,287)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$88,418			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,287	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,010,706	\$2,086,057	\$0	\$492,191	\$449,379	\$0	\$686,209	\$88,418	\$186,165	\$22,287	
8	Total Nursing Facility Days	As Filed Days = 15,457 FY22 Audited C/R Days	15,457										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,457 FY22 GL-PL Ins Rpt Days								15,457			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.46	\$134.96	\$0.00	\$31.84	\$29.07	(with L&H)	\$44.39	\$5.72	\$12.04	\$1.44	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3912									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.01									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.01	\$0.00	\$31.84	\$29.07		\$44.39	\$5.72	\$12.04	\$1.44	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.75	\$97.01	\$0.00	\$30.35	\$29.07		\$38.83	\$5.72	11.33 (FRV)	\$1.44	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.75	\$97.01	\$0.00	\$30.35	\$29.07	\$0.00	\$38.83	\$5.72	\$11.33	\$1.44	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3633									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$132.25									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.99	\$132.25	\$0.00	\$30.35	\$29.07	\$0.00	\$38.83	\$5.72	\$11.33	\$1.44	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.61	\$6.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.96	\$10.45	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.95	\$142.70	\$0.00	\$30.35	\$29.48	\$0.00	\$55.93	\$5.72	\$11.33	\$1.44	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.89										

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

FINAL

Provider: FORT GAINES HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140599A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4405			1.4405	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 31.71%		Nurse Hours per On-Site Day/Quality Incentive: 3.66		3.66	2.5%	Quarterly Medicaid PDPM: 2.1244			2.1244	1.4431
							4.0%	Qtrly Mcaid PDPM w RUG Wght Options: 2.1685			2.1685	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,145,961	\$1,663,459	\$0	\$392,760	\$453,541	\$0	\$1,202,256		\$433,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$112,008)	(\$8,785)	\$0	(\$697)	\$0	\$0	(\$52,699)		(\$49,827)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$25,075		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,827
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,108,855	\$1,654,674	\$0	\$392,063	\$453,541	\$0	\$1,149,557	\$25,075	\$384,118	\$49,827
8	Total Nursing Facility Days	As Filed Days = 18,398										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,398								18,398		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.33	\$89.94	\$0.00	\$21.31	\$24.65	(with L&H)	\$62.48	\$1.36	\$20.88	\$2.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4405								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.44	\$0.00	\$21.31	\$24.65		\$62.48	\$1.36	\$20.88	\$2.71
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.44	\$0.00	\$21.31	\$24.65		\$62.48	\$1.36	\$20.88	\$2.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.92	\$62.44	\$0.00	\$21.31	\$24.65		\$38.83	\$1.36	26.62 (FRV)	\$2.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.92	\$62.44	\$0.00	\$21.31	\$24.65	\$0.00	\$38.83	\$1.36	\$26.62	\$2.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.1685								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.88	\$135.40	\$0.00	\$21.31	\$24.65	\$0.00	\$38.83	\$1.36	\$26.62	\$2.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.07	\$9.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$277.95	\$144.74	\$0.00	\$21.53	\$25.06	\$0.00	\$55.93	\$1.36	\$26.62	\$2.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.64									

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

FINAL

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140621A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4059			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 23.08%		Nurse Hours per On-Site Day/Quality Incentive: 2.82		23.08%	1.0%	Quarterly Medicaid PDPM: 2.1435			1.4431	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 2.1883			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,018,773	\$3,578,573	\$0	\$602,183	\$647,513	\$0	\$1,636,248		\$1,554,256	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$272,805)	(\$62,352)	\$0	\$0	\$0	\$0	(\$98,296)		(\$112,157)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$160,648		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$112,157
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,018,773	\$3,516,221	\$0	\$602,183	\$647,513	\$0	\$1,537,952	\$160,648	\$1,442,099	\$112,157
8	Total Nursing Facility Days	As Filed Days = 38,649 FY22 Audited C/R Days	38,649									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,649 FY22 GL-PL Ins Rpt Days								38,649		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.47	\$90.98	\$0.00	\$15.58	\$16.75	(with L&H)	\$39.79	\$4.16	\$37.31	\$2.90
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4059								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$64.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.71	\$0.00	\$15.58	\$16.75		\$39.79	\$4.16	\$37.31	\$2.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.93	\$64.71	\$0.00	\$15.58	\$16.75		\$38.83	\$4.16	10.00 (FRV)	\$2.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.93	\$64.71	\$0.00	\$15.58	\$16.75	\$0.00	\$38.83	\$4.16	\$10.00	\$2.90
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.1883								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.82	\$141.60	\$0.00	\$15.58	\$16.75	\$0.00	\$38.83	\$4.16	\$10.00	\$2.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.75	\$147.80	\$0.00	\$15.80	\$17.16	\$0.00	\$55.93	\$4.16	\$10.00	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.49									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: CHEROKEE CENTER FOR NURSING AND HEALING LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00140643A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4478	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	0.0%	Quarterly Medicaid PDPM:			1.4342	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.53	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4648	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
FY2021 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2022) @ 5.90%												
Patient Days												
FY 2021 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 21 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
1,4478												
Routine Services PDPM Adjusted Net Per Diem												
\$103.28												
Net Per Diems After PDPM Adjustments												
\$219.25												
Per Diem Standards												
\$117.25												
Base Period PDPM Adjusted Allowed Per Diem												
\$200.95												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
\$0.00												
PDPMA Allowed Per Diem After Growth Allowance												
\$200.94												
Quarterly Facility PDPM for Medicaid Residents												
1,4648												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
\$151.28												
Quarterly Medicaid PDPMA Allowed Per Diem												
\$248.95												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
\$1.16												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
\$0.00												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
\$3.03												
Nursing Home Provider Fee												
\$ 17.10												
Total Quarterly Per Diem Add-On Amounts												
\$21.29												
Quarterly PDPM Based Per Diem Rate												
\$270.24												
\$154.84												
\$17.02												
\$20.79												
\$55.93												
\$3.57												
\$15.93												
\$2.15												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
\$189.86												

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

FINAL

Provider: HEALTHCARE AT COLLEGE PARK, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140654A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.2161			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 20.59%		20.59%	1.0%	Quarterly Medicaid PDPM: 0.9897			1.4431	
						3.30	2.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.0934			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,747,169	\$2,129,649	\$0	\$507,606	\$543,911	\$0	\$840,648		\$725,355	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$140,245)	(\$297)	\$0	\$0	\$0	\$0	(\$66,486)		(\$73,462)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$73,462
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,680,386	\$2,129,352	\$0	\$507,606	\$543,911	\$0	\$774,162	\$0	\$651,893	\$73,462
8	Total Nursing Facility Days	As Filed Days = 25,729		FY22 Audited C/R Days	25,729							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,729		FY22 GL-PL Ins Rpt Days						25,729		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.92	\$82.76	\$0.00	\$19.73	\$21.14	(with L&H)	\$30.09	\$0.00	\$25.34	\$2.86
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2161								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$68.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.05	\$0.00	\$19.73	\$21.14		\$30.09	\$0.00	\$25.34	\$2.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.58	\$68.05	\$0.00	\$19.73	\$21.14		\$30.09	\$0.00	9.71 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.58	\$68.05	\$0.00	\$19.73	\$21.14	\$0.00	\$30.09	\$0.00	\$9.71	\$2.86
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0934								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$74.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.94	\$74.41	\$0.00	\$19.73	\$21.14	\$0.00	\$30.09	\$0.00	\$9.71	\$2.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$2.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$178.80	\$77.17	\$0.00	\$19.95	\$21.55	\$0.00	\$47.56	\$0.00	\$9.71	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.28									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: LIFE CARE CENTER Pvdr ID: 00140665A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													
			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.12% Nurse Hours per On-Site Day/Quality Incentive: 3.56			Facility Score Add-on Percent: 0.00% 2.5% 4.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.1912 Quarterly Medicaid PDPM: 1.2109 Qtrly Mcaid PDPM w RUG Wght Options: 1.2349			Facility Specific 1.1912 1.2109 1.2349		State-wide 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,182,062	\$4,000,190	\$0	\$546,054	\$754,192	\$0	\$895,626		\$986,000	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$213,575)	(\$4,440)	\$0	\$0	\$0	\$0	(\$114,763)		(\$94,372)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$114,763			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$94,372	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,177,622	\$3,995,750	\$0	\$546,054	\$754,192	\$0	\$780,863	\$114,763	\$891,628	\$94,372	
8	Total Nursing Facility Days	As Filed Days = 35,375 FY22 Audited C/R Days	35,375										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,375 FY22 GL-PL Ins Rpt Days								35,375			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.90	\$112.95	\$0.00	\$15.44	\$21.32	(with L&H)	\$22.07	\$3.24	\$25.21	\$2.67	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1912									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.82									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.82	\$0.00	\$15.44	\$21.32		\$22.07	\$3.24	\$25.21	\$2.67	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.18	\$94.82	\$0.00	\$15.44	\$21.32		\$22.07	\$3.24	16.62 (FRV)	\$2.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.18	\$94.82	\$0.00	\$15.44	\$21.32	\$0.00	\$22.07	\$3.24	\$16.62	\$2.67	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2349									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.09									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.45	\$117.09	\$0.00	\$15.44	\$21.32	\$0.00	\$22.07	\$3.24	\$16.62	\$2.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68									
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	\$26.24	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$224.69	\$125.23	\$0.00	\$15.66	\$21.73	\$0.00	\$39.54	\$3.24	\$16.62	\$2.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.69										

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

FINAL

Provider: PRUITTHEALTH - EASTSIDE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140687A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2629	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid PDPM:			1.6401	1.4431
							2.93	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6736	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,561,233	\$3,066,709	\$0	\$492,803	\$664,856	\$0	\$1,052,429		\$284,436	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$384,439)	(\$36,772)	\$0	\$0	\$0	\$0	(\$296,955)		(\$50,712)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$319,051			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,763	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,541,608	\$3,029,937	\$0	\$492,803	\$664,856	\$0	\$755,474	\$319,051	\$233,724	\$45,763	
8	Total Nursing Facility Days	As Filed Days = 27,606 FY22 Audited C/R Days	27,606										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,606 FY22 GL-PL Ins Rpt Days								27,606			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.75	\$109.76	\$0.00	\$17.85	\$24.08	(with L&H)	\$27.37	\$11.56	\$8.47	\$1.66	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2629									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.91									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.91	\$0.00	\$17.85	\$24.08		\$27.37	\$11.56	\$8.47	\$1.66	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.48	\$86.91	\$0.00	\$17.85	\$24.08		\$27.37	\$11.56	14.05 (FRV)	\$1.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.48	\$86.91	\$0.00	\$17.85	\$24.08	\$0.00	\$27.37	\$11.56	\$14.05	\$1.66	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6736									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.45									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.02	\$145.45	\$0.00	\$17.85	\$24.08	\$0.00	\$27.37	\$11.56	\$14.05	\$1.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.90	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.92	\$153.25	\$0.00	\$18.07	\$24.49	\$0.00	\$44.84	\$11.56	\$14.05	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.12										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
Provider: HARBORVIEW ROME Prvdr ID: 00140753A H/B ? : NO Case Mix Per Diem Rate Effective Date: 07/01/24 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24 Growth Allowance: N/A BIMS: 39.6% Nurse Hours per On-Site Day/Quality Incentive: 3.26 Facility Score: 3.26 Add-on Percent: 2.0% Base Period Overall PDPM: 1.3622 Quarterly Medicaid PDPM: 1.8169 Qrtly Mcaid PDPM w RUG Wght Options: 1.8538 State-wide: 1.4040 1.4438 1.4715												
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate			\$321.65	\$207.11		\$21.20	\$21.22		\$55.93	\$0.14	\$15.18	\$0.86
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$228.41									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,510,769	\$3,239,127	\$0	\$421,536	\$564,086	\$0	\$963,569		\$322,451	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$393,133)	(\$102,195)	\$0	\$8,211	\$102	(\$4,245)	(\$255,722)		(\$39,284)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$280,053		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,311
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,430,000	\$3,136,932	\$0	\$429,747	\$564,188	(\$4,245)	\$707,847	\$280,053	\$283,167	\$32,311
8	Total Nursing Facility Days	As Filed Days = 25,158 FY22 Audited C/R Days	25,158									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,158 FY22 GL-PL Ins Rpt Days								25,158		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.84	\$124.69	\$0.00	\$17.08	\$22.26	(with L&H)	\$28.14	\$11.13	\$11.26	\$1.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3600								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.69								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.69	\$0.00	\$17.08	\$22.26		\$28.14	\$11.13	\$11.26	\$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.88	\$91.69	\$0.00	\$17.08	\$22.26		\$28.14	\$11.13	11.30 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.88	\$91.69	\$0.00	\$17.08	\$22.26	\$0.00	\$28.14	\$11.13	\$11.30	\$1.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4079								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.28	\$129.09	\$0.00	\$17.08	\$22.26	\$0.00	\$28.14	\$11.13	\$11.30	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.23	\$3.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.45	\$6.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.31	\$10.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.59	\$139.30	\$0.00	\$17.30	\$22.67	\$0.00	\$45.61	\$11.13	\$11.30	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.62									

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

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Provider: GATEWAY HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140786A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4446			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 21.21%		Nurse Hours per On-Site Day/Quality Incentive: 3.32		3.32	1.0%	Quarterly Medicaid PDPM: 1.2552			1.4431	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.2794			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,550,762	\$1,991,344	\$0	\$365,524	\$418,551	\$0	\$519,393		\$255,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,461)	\$36,537	\$0	\$0	\$0	(\$5,746)	(\$19,100)		(\$13,152)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$74,404		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,152
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,636,857	\$2,027,881	\$0	\$365,524	\$418,551	(\$5,746)	\$500,293	\$74,404	\$242,798	\$13,152
8	Total Nursing Facility Days	As Filed Days = 14,240										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,240								14,240		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.40	\$142.41	\$0.00	\$25.67	\$28.99	(with L&H)	\$35.13	\$5.23	\$17.05	\$0.92
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4446								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.58	\$0.00	\$25.67	\$28.99		\$35.13	\$5.23	\$17.05	\$0.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.18	\$98.58	\$0.00	\$25.67	\$28.99		\$35.13	\$5.23	8.66 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.18	\$98.58	\$0.00	\$25.67	\$28.99	\$0.00	\$35.13	\$5.23	\$8.66	\$0.92
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2794								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.72	\$126.12	\$0.00	\$25.67	\$28.99	\$0.00	\$35.13	\$5.23	\$8.66	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.39	\$131.69	\$0.00	\$25.89	\$29.40	\$0.00	\$52.60	\$5.23	\$8.66	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.97									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3063	1.4040
Provider: DAWSON HEALTH AND REHABILITATION Prvdr ID: 00140808A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	33.33%	2.5%	3.53	4.0%	1.3094	1.4431	1.3356	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,547,210	\$2,272,226	\$0	\$569,419	\$522,169	\$0	\$804,510		\$378,886	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$93,405)	\$3,645	\$0	(\$3,645)	\$0	\$0	(\$67,666)		(\$25,739)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,720												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,739										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,537,264	\$2,275,871	\$0	\$565,774	\$522,169	\$0	\$736,844	\$57,720	\$353,147	\$25,739										
8	Total Nursing Facility Days	As Filed Days = 18,568 FY22 Audited C/R Days	18,568																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,568 FY22 GL-PL Ins Rpt Days								18,568												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.36	\$122.57	\$0.00	\$30.47	\$28.12	<i>(with L&H)</i>	\$39.68	\$3.11	\$19.02	\$1.39										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3063																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.83																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.83	\$0.00	\$30.47	\$28.12		\$39.68	\$3.11	\$19.02	\$1.39										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.59	\$93.83	\$0.00	\$30.35	\$28.12		\$38.83	\$3.11	13.96 <i>(FRV)</i>	\$1.39										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.59	\$93.83	\$0.00	\$30.35	\$28.12	\$0.00	\$38.83	\$3.11	\$13.96	\$1.39										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3356																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.32																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.08	\$125.32	\$0.00	\$30.35	\$28.12	\$0.00	\$38.83	\$3.11	\$13.96	\$1.39										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.26	\$133.99	\$0.00	\$30.35	\$28.53	\$0.00	\$55.93	\$3.11	\$13.96	\$1.39										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.62																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3283	1.4040	Qtrly BIMS score	37.68%	2.5%
Provider: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																					
<u>PDPM BASED RATE CALCULATIONS</u>																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,963,628	\$3,570,942	\$0	\$731,894	\$600,059	\$0	\$828,257		\$232,476	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$255,983)	\$40,981	\$0	\$1,321	\$1,038	\$1,411	(\$228,143)		(\$72,591)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$165,962											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,069									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,910,676	\$3,611,923	\$0	\$733,215	\$601,097	\$1,411	\$600,114	\$165,962	\$159,885	\$37,069									
8	Total Nursing Facility Days	As Filed Days = 29,990 FY22 Audited C/R Days		30,003																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,990 FY22 GL-PL Ins Rpt Days								30,003											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.01	\$120.39	\$0.00	\$24.44	\$20.08	(with L&H)	\$20.00	\$5.53	\$5.33	\$1.24									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3283																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.63																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.63	\$0.00	\$24.44	\$20.08		\$20.00	\$5.53	\$5.33	\$1.24									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.64	\$90.63	\$0.00	\$24.44	\$20.08		\$20.00	\$5.53	13.72 (FRV)	\$1.24									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.64	\$90.63	\$0.00	\$24.44	\$20.08	\$0.00	\$20.00	\$5.53	\$13.72	\$1.24									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4416																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.65																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.66	\$130.65	\$0.00	\$24.44	\$20.08	\$0.00	\$20.00	\$5.53	\$13.72	\$1.24									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.17	\$137.06	\$0.00	\$24.66	\$20.49	\$0.00	\$37.47	\$5.53	\$13.72	\$1.24									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.30																		

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.2441	1.4040	Qtrly BIMS score	28.30%	1.0%
Provider: EARLY MEMORIAL NURSING FACILITY Prvdr ID: 00140874A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																					
<u>PDPM BASED RATE CALCULATIONS</u>																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,003,566	\$3,061,159	\$0	\$850,590	\$122,760	\$158,699	\$583,526		\$226,832	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$7,915	\$36,547	\$0	(\$26,397)	\$6,017	\$9,677	(\$52,035)		\$34,106										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$616											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$0								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,012,097	\$3,097,706	\$0	\$824,193	\$128,777	\$168,376	\$531,491	\$616	\$260,938	\$0									
8	Total Nursing Facility Days	As Filed Days = 29,509																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,509																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.84	\$104.97	\$0.00	\$27.93	\$10.07	(with L&H)	\$18.01	\$0.02	\$8.84	\$0.00									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2441																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.37																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.37	\$0.00	\$27.93	\$10.07		\$18.01	\$0.02	\$8.84	\$0.00									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.16	\$84.37	\$0.00	\$27.93	\$10.07		\$18.01	\$0.02	11.76 (FRV)	\$0.00									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.16	\$84.37	\$0.00	\$27.93	\$10.07	\$0.00	\$18.01	\$0.02	\$11.76	\$0.00									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3628																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.98																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.77	\$114.98	\$0.00	\$27.93	\$10.07	\$0.00	\$18.01	\$0.02	\$11.76	\$0.00									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$206.00	\$120.11	\$0.00	\$28.15	\$10.48	\$0.00	\$35.48	\$0.02	\$11.76	\$0.00									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.68																		

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

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Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 31.25% Nurse Hours per On-Site Day/Quality Incentive: 3.39		N/A	0.00%	Base Period Overall PDPMCM: 1.4860 Quarterly Medicaid PDPM: 1.3308 Qtrly Mcaid PDPM w RUG Wght Options: 1.3573				1.4860	1.4040	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,666,411	\$1,922,568	\$0	\$372,754	\$519,067	\$0	\$767,719		\$84,303	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$218,281)	\$0	\$0	\$0	\$0	\$0	(\$168,543)		(\$49,738)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$172,895		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,738
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,670,763	\$1,922,568	\$0	\$372,754	\$519,067	\$0	\$599,176	\$172,895	\$34,565	\$49,738
8	Total Nursing Facility Days	As Filed Days = 15,544 FY22 Audited C/R Days	15,544									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,544 FY22 GL-PL Ins Rpt Days								15,544		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.15	\$123.69	\$0.00	\$23.98	\$33.39	(with L&H)	\$38.55	\$11.12	\$2.22	\$3.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4860								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.24	\$0.00	\$23.98	\$33.39		\$38.55	\$11.12	\$2.22	\$3.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.20	\$83.24	\$0.00	\$23.98	\$33.22		\$38.55	\$11.12	9.89 (FRV)	\$3.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.20	\$83.24	\$0.00	\$23.98	\$33.22	\$0.00	\$38.55	\$11.12	\$9.89	\$3.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3573								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.94	\$112.98	\$0.00	\$23.98	\$33.22	\$0.00	\$38.55	\$11.12	\$9.89	\$3.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.96	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.21		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$6.74	\$0.00	\$0.22	\$0.00	\$0.00	\$17.31	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.21	\$119.72	\$0.00	\$24.20	\$33.22	\$0.00	\$55.86	\$11.12	\$9.89	\$3.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.08									

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

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Provider: EFFINGHAM CARE & REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140907A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2994	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.80%	2.5%	Quarterly Medicaid PDPM:			1.2878	1.4431
							3.71	7.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3135	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,505,662	\$5,219,920	\$0	\$1,321,447	\$809,724	\$1,040,263	\$1,824,290		\$290,018	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$19,924)	\$0	\$0	\$0	\$0	\$0	\$0		(\$19,924)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,924	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,505,662	\$5,219,920	\$0	\$1,321,447	\$809,724	\$1,040,263	\$1,824,290	\$0	\$270,094	\$19,924	
8	Total Nursing Facility Days	As Filed Days = 32,081 FY22 Audited C/R Days	32,081										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,081 FY22 GL-PL Ins Rpt Days								32,081			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$327.48	\$162.71	\$0.00	\$41.19	\$57.67	(with L&H)	\$56.87	\$0.00	\$8.42	\$0.62	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2994									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$125.22									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$125.22	\$0.00	\$41.19	\$57.67		\$56.87	\$0.00	\$8.42	\$0.62	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$239.79	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$0.00	13.24 (FRV)	\$0.62	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$239.79	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.00	\$13.24	\$0.62	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3135									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.01									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.55	\$154.01	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.00	\$13.24	\$0.62	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$10.78	\$10.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.73	\$14.63	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$308.28	\$168.64	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.00	\$13.24	\$0.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.39										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: SOUTHERN PINES Prvdr ID: 00140918A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 43.48% Nurse Hours per On-Site Day/Quality Incentive: 3.61				Base Period Overall PDPMCM: 1.4906 Quarterly Medicaid PDPM: 1.4296 Qtrly Mcaid PDPM w RUG Wght Options: 1.4589				Facility Specific: 1.4906 1.4296 1.4589	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,771,117	\$1,854,040	\$0	\$384,698	\$585,766	\$0	\$769,744		\$176,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$197,565)	\$0	\$0	\$0	\$0	\$0	(\$119,239)		(\$78,326)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$124,033		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,326
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,775,911	\$1,854,040	\$0	\$384,698	\$585,766	\$0	\$650,505	\$124,033	\$98,543	\$78,326
8	Total Nursing Facility Days	As Filed Days = 14,557 FY22 Audited C/R Days	14,557									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,557 FY22 GL-PL Ins Rpt Days								14,557		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.39	\$127.36	\$0.00	\$26.43	\$40.24	<i>(with L&H)</i>	\$44.69	\$8.52	\$6.77	\$5.38
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4906								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.44	\$0.00	\$26.43	\$40.24		\$44.69	\$8.52	\$6.77	\$5.38
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.03	\$85.44	\$0.00	\$26.43	\$33.22		\$38.83	\$8.52	38.21 <i>(FRV)</i>	\$5.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.03	\$85.44	\$0.00	\$26.43	\$33.22	\$0.00	\$38.83	\$8.52	\$38.21	\$5.38
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4589								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.24	\$124.65	\$0.00	\$26.43	\$33.22	\$0.00	\$38.83	\$8.52	\$38.21	\$5.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$7.39	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$299.95	\$132.04	\$0.00	\$26.65	\$33.22	\$0.00	\$55.93	\$8.52	\$38.21	\$5.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.14									

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

FINAL

Provider: EMANUEL COUNTY NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140929A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3291			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 25.64%		25.64%	1.0%	Quarterly Medicaid PDPM: 1.2785			1.4431	
				Qtrly Mcaid PDPM w RUG Wght Options: 1.3031		3.70	3.0%				1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,916,930	\$1,903,874	\$0	\$599,866	\$275,001	\$259,314	\$763,616		\$115,259	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$7,282)	\$0	\$0	\$0	\$0	\$0	(\$7,282)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$7,282		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,916,930	\$1,903,874	\$0	\$599,866	\$275,001	\$259,314	\$756,334	\$7,282	\$115,259	\$0
8	Total Nursing Facility Days	As Filed Days = 14,352 FY22 Audited C/R Days	14,352									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,352 FY22 GL-PL Ins Rpt Days								14,352		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.93	\$132.66	\$0.00	\$41.80	\$37.23	(with L&H)	\$52.70	\$0.51	\$8.03	\$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3291								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.81	\$0.00	\$41.80	\$37.23		\$52.70	\$0.51	\$8.03	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$228.14	\$99.81	\$0.00	\$36.63	\$33.22		\$38.83	\$0.51	19.14 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$228.14	\$99.81	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.51	\$19.14	\$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3031								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.39	\$130.06	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.51	\$19.14	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.73	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$281.22	\$135.79	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.51	\$19.14	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.09									

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

FINAL

Provider: PRUITTHEALTH - BLUE RIDGE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140973A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2781	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.81%	1.0%	Quarterly Medicaid PDPM:			1.3411	1.4431
							4.09	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3681	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,575,932	\$3,141,891	\$0	\$418,800	\$680,063	\$0	\$1,060,883		\$274,295	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$412,796)	(\$52,599)	\$0	\$0	\$6,900	\$9,561	(\$347,627)		(\$29,031)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$358,041			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,156	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,551,333	\$3,089,292	\$0	\$418,800	\$686,963	\$9,561	\$713,256	\$358,041	\$245,264	\$30,156	
8	Total Nursing Facility Days	As Filed Days = 20,287		FY22 Audited C/R Days	20,287								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,287		FY22 GL-PL Ins Rpt Days						20,287			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.64	\$152.28	\$0.00	\$20.64	\$34.33	(with L&H)	\$35.16	\$17.65	\$12.09	\$1.49	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2781									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$119.15									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.15	\$0.00	\$20.64	\$34.33		\$35.16	\$17.65	\$12.09	\$1.49	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.29	\$117.25	\$0.00	\$20.64	\$33.22		\$35.16	\$17.65	10.88 (FRV)	\$1.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.29	\$117.25	\$0.00	\$20.64	\$33.22	\$0.00	\$35.16	\$17.65	\$10.88	\$1.49	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3681									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$160.41									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.45	\$160.41	\$0.00	\$20.64	\$33.22	\$0.00	\$35.16	\$17.65	\$10.88	\$1.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.60	\$1.60									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.02	\$8.02									
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	\$27.31	\$9.62	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$306.76	\$170.03	\$0.00	\$20.86	\$33.22	\$0.00	\$52.63	\$17.65	\$10.88	\$1.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.25										

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

FINAL

Provider: FIFTH AVENUE HEALTH CARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140984A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3319	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.53%	1.0%	Quarterly Medicaid PDPM:			1.2570	1.4431
							3.34	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2817	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,201,159	\$2,578,043	\$0	\$557,358	\$680,225	\$0	\$796,650		\$588,883	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$244,325)	(\$111,698)	\$0	\$83,139	\$2,538	\$90,847	(\$260,268)		(\$48,883)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$142,916			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,209	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,148,959	\$2,466,345	\$0	\$640,497	\$682,763	\$90,847	\$536,382	\$142,916	\$540,000	\$49,209	
8	Total Nursing Facility Days	As Filed Days = 21,098 FY22 Audited C/R Days	21,098										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,098 FY22 GL-PL Ins Rpt Days								21,098			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.04	\$116.90	\$0.00	\$30.36	\$36.67	(with L&H)	\$25.42	\$6.77	\$25.59	\$2.33	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3319									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.77									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.77	\$0.00	\$30.36	\$36.67		\$25.42	\$6.77	\$25.59	\$2.33	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.87	\$87.77	\$0.00	\$30.35	\$33.22		\$25.42	\$6.77	13.01 (FRV)	\$2.33	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.87	\$87.77	\$0.00	\$30.35	\$33.22	\$0.00	\$25.42	\$6.77	\$13.01	\$2.33	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2817									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.49									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.59	\$112.49	\$0.00	\$30.35	\$33.22	\$0.00	\$25.42	\$6.77	\$13.01	\$2.33	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.49	\$5.02	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.08	\$117.51	\$0.00	\$30.35	\$33.22	\$0.00	\$42.89	\$6.77	\$13.01	\$2.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.74										

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

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Provider: PRUITTHEALTH - FITZGERALD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140995A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4005	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.29%	2.5%	Quarterly Medicaid PDPM:			1.4780	1.4431
							2.62	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5075	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,958,638	\$2,637,629	\$0	\$386,147	\$648,707	\$0	\$930,297		\$355,858	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$325,563)	(\$21,798)	\$0	\$1,655	(\$93)	(\$882)	(\$270,019)		(\$34,426)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$276,895			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,213	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,936,183	\$2,615,831	\$0	\$387,802	\$648,614	(\$882)	\$660,278	\$276,895	\$321,432	\$26,213	
8	Total Nursing Facility Days	As Filed Days = 24,583 FY22 Audited C/R Days	24,583										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,583 FY22 GL-PL Ins Rpt Days								24,583			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.81	\$106.41	\$0.00	\$15.78	\$26.35	(with L&H)	\$26.86	\$11.26	\$13.08	\$1.07	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4005									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.98									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.98	\$0.00	\$15.78	\$26.35		\$26.86	\$11.26	\$13.08	\$1.07	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.69	\$75.98	\$0.00	\$15.78	\$26.35		\$26.86	\$11.26	13.39 (FRV)	\$1.07	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.69	\$75.98	\$0.00	\$15.78	\$26.35	\$0.00	\$26.86	\$11.26	\$13.39	\$1.07	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5075									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.54									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.25	\$114.54	\$0.00	\$15.78	\$26.35	\$0.00	\$26.86	\$11.26	\$13.39	\$1.07	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.22	\$9.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.47	\$123.66	\$0.00	\$16.00	\$26.76	\$0.00	\$44.33	\$11.26	\$13.39	\$1.07	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.53										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide								
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid PDPM w RUG Wght Options:
Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER Prvdr ID: 00141006A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	1.2447	1.4040	N/A	0.00%	2.84	2.0%	32.69%	2.5%	2.84	2.0%	1.2810	1.4431	1.3075	1.4722
PDPM BASED RATE CALCULATIONS																												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																			
Base Period Per Diem Allowed Amounts																												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,948,435	\$2,803,396	\$0	\$506,343	\$432,955	\$0	\$737,004		\$468,737	\$0																
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$132,742)	(\$5,640)	\$0	\$0	\$0	\$0	(\$100,779)		(\$26,323)																	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,037																		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,323																
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,899,053	\$2,797,756	\$0	\$506,343	\$432,955	\$0	\$636,225	\$57,037	\$442,414	\$26,323																
8	Total Nursing Facility Days	As Filed Days = 27,047 FY22 Audited C/R Days	27,047																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,047 FY22 GL-PL Ins Rpt Days								27,047																		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.13	\$103.44	\$0.00	\$18.72	\$16.01	<i>(with L&H)</i>	\$23.52	\$2.11	\$16.36	\$0.97																
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2447																								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.11																								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.11	\$0.00	\$18.72	\$16.01		\$23.52	\$2.11	\$16.36	\$0.97																
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A																	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.70	\$83.11	\$0.00	\$18.72	\$16.01		\$23.52	\$2.11	10.26 <i>(FRV)</i>	\$0.97																
Quarterly Per Diem Rate Prior to Add-ons																												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A																
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.70	\$83.11	\$0.00	\$18.72	\$16.01	\$0.00	\$23.52	\$2.11	\$10.26	\$0.97																
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3075																								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.67																								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.26	\$108.67	\$0.00	\$18.72	\$16.01	\$0.00	\$23.52	\$2.11	\$10.26	\$0.97																
Quarterly Per Diem Add-on Amounts																												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72																								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.17	\$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	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$203.78	\$114.09	\$0.00	\$18.94	\$16.42	\$0.00	\$40.99	\$2.11	\$10.26	\$0.97																
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.01																									

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

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Provider: PRUITTHEALTH - FORSYTH Prvdr ID: 00141017A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 16.67% Nurse Hours per On-Site Day/Quality Incentive: 3.16				0.00%	0.0%	Base Period Overall PDPMCM: 1.4589 Quarterly Medicaid PDPM: 1.5592 Qtrly Mcaid PDPM w RUG Wght Options: 1.5910			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,114,867	\$2,273,070	\$0	\$381,911	\$454,706	\$0	\$874,369		\$130,811	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$287,432)	(\$21,828)	\$0	\$0	(\$905)	(\$2,336)	(\$239,877)		(\$22,486)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$255,238			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,740	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,102,413	\$2,251,242	\$0	\$381,911	\$453,801	(\$2,336)	\$634,492	\$255,238	\$108,325	\$19,740	
8	Total Nursing Facility Days As Filed Days = 18,848	FY22 Audited C/R Days	18,848										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,848	FY22 GL-PL Ins Rpt Days								18,848			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.65	\$119.44	\$0.00	\$20.26	\$23.95	(with L&H)	\$33.66	\$13.54	\$5.75	\$1.05	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4589									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.87									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.87	\$0.00	\$20.26	\$23.95		\$33.66	\$13.54	\$5.75	\$1.05	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.51	\$81.87	\$0.00	\$20.26	\$23.95		\$33.66	\$13.54	10.18 (FRV)	\$1.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.51	\$81.87	\$0.00	\$20.26	\$23.95	\$0.00	\$33.66	\$13.54	\$10.18	\$1.05	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5910									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.26									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.90	\$130.26	\$0.00	\$20.26	\$23.95	\$0.00	\$33.66	\$13.54	\$10.18	\$1.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.51	\$6.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.04	\$137.30	\$0.00	\$20.48	\$24.36	\$0.00	\$51.13	\$13.54	\$10.18	\$1.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.71										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,121,004	\$1,691,384	\$0	\$350,953	\$372,257	\$0	\$1,045,869		\$660,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$112,450)	(\$33,105)	\$0	\$0	\$0	\$0	(\$35,559)		(\$43,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,768		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$43,786
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,099,108	\$1,658,279	\$0	\$350,953	\$372,257	\$0	\$1,010,310	\$46,768	\$616,755	\$43,786
8	Total Nursing Facility Days	As Filed Days = 14,583 FY22 Audited C/R Days	14,583									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,583 FY22 GL-PL Ins Rpt Days								14,583		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$281.09	\$113.71	\$0.00	\$24.07	\$25.53	(with L&H)	\$69.28	\$3.21	\$42.29	\$3.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6224								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.09								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.09	\$0.00	\$24.07	\$25.53		\$69.28	\$3.21	\$42.29	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.63	\$70.09	\$0.00	\$24.07	\$25.53		\$38.83	\$3.21	10.90 (FRV)	\$3.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.63	\$70.09	\$0.00	\$24.07	\$25.53	\$0.00	\$38.83	\$3.21	\$10.90	\$3.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5781								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.15	\$110.61	\$0.00	\$24.07	\$25.53	\$0.00	\$38.83	\$3.21	\$10.90	\$3.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$237.73	\$114.46	\$0.00	\$24.29	\$25.94	\$0.00	\$55.93	\$3.21	\$10.90	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.47									

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

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Provider: PRUITTHEALTH - FRANKLIN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141039A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2920	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.00%	0.0%	Quarterly Medicaid PDPM:			1.3086	1.4431
							3.60	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3344	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,438,979	\$2,289,076	\$0	\$396,047	\$474,121	\$0	\$985,578		\$294,157	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$330,963)	(\$71,135)	\$0	\$0	(\$2,316)	(\$3,576)	(\$231,306)		(\$22,630)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$276,646			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,426	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,405,088	\$2,217,941	\$0	\$396,047	\$471,805	(\$3,576)	\$754,272	\$276,646	\$271,527	\$20,426	
8	Total Nursing Facility Days	As Filed Days = 19,818 FY22 Audited C/R Days	19,818										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,818 FY22 GL-PL Ins Rpt Days								19,818			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.28	\$111.92	\$0.00	\$19.98	\$23.63	(with L&H)	\$38.06	\$13.96	\$13.70	\$1.03	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2920									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.63									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.63	\$0.00	\$19.98	\$23.63		\$38.06	\$13.96	\$13.70	\$1.03	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.85	\$86.63	\$0.00	\$19.98	\$23.63		\$38.06	\$13.96	12.56 (FRV)	\$1.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.85	\$86.63	\$0.00	\$19.98	\$23.63	\$0.00	\$38.06	\$13.96	\$12.56	\$1.03	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3344									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.60									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.82	\$115.60	\$0.00	\$19.98	\$23.63	\$0.00	\$38.06	\$13.96	\$12.56	\$1.03	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.23	\$121.91	\$0.00	\$20.20	\$24.04	\$0.00	\$55.53	\$13.96	\$12.56	\$1.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.10										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: NEW HORIZONS LANIER PARK Prvdr ID: 00141072A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hours per On-Site Day/Quality Incentive: 3.43				Base Period Overall PDPMCM: 1.4774 Quarterly Medicaid PDPM: 1.4901 Qtrly Mcaid PDPM w RUG Wght Options: 1.5196				Facility Specific: 1.4774 State-wide: 1.4040 1.4901 1.4431 1.5196 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,618,083	\$6,323,794	\$0	\$1,521,968	\$789,823	\$1,155,562	\$2,362,627		\$1,464,309	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$132,441)	\$0	\$0	\$0	\$0	\$0	(\$103,139)		(\$29,302)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,538		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,302
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,554,482	\$6,323,794	\$0	\$1,521,968	\$789,823	\$1,155,562	\$2,259,488	\$39,538	\$1,435,007	\$29,302
8	Total Nursing Facility Days	As Filed Days = 34,967 FY22 Audited C/R Days	34,967									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,967 FY22 GL-PL Ins Rpt Days								34,967		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$387.64	\$180.85	\$0.00	\$43.53	\$55.63	(with L&H)	\$64.62	\$1.13	\$41.04	\$0.84
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4774								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$122.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$122.41	\$0.00	\$43.53	\$55.63		\$64.62	\$1.13	\$41.04	\$0.84
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$251.21	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.13	23.31 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$251.21	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.13	\$23.31	\$0.84
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5196								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$178.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$312.13	\$178.17	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.13	\$23.31	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.35	\$5.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$7.13	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$336.36	\$185.30	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.13	\$23.31	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$239.45									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$18,185,087	\$12,345,993	\$0	\$1,410,275	\$1,278,101	\$0	\$2,393,147		\$757,571	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$379,252)	(\$24,195)	\$0	(\$4,015)	\$0	\$9,699	(\$228,832)		(\$131,909)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,139		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$131,909
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$18,052,883	\$12,321,798	\$0	\$1,406,260	\$1,278,101	\$9,699	\$2,164,315	\$115,139	\$625,662	\$131,909
8	Total Nursing Facility Days	As Filed Days = 74,031 FY22 Audited C/R Days	74,031									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 74,031 FY22 GL-PL Ins Rpt Days								74,031		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.87	\$166.44	\$0.00	\$19.00	\$17.40	(with L&H)	\$29.24	\$1.56	\$8.45	\$1.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5221								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$109.35								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$109.35	\$0.00	\$19.00	\$17.40		\$29.24	\$1.56	\$8.45	\$1.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.81	\$109.35	\$0.00	\$19.00	\$17.40		\$29.24	\$1.56	15.48 <i>(FRV)</i>	\$1.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.81	\$109.35	\$0.00	\$19.00	\$17.40	\$0.00	\$29.24	\$1.56	\$15.48	\$1.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4733								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.57	\$161.11	\$0.00	\$19.00	\$17.40	\$0.00	\$29.24	\$1.56	\$15.48	\$1.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.03	\$4.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$25.88	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.45	\$168.89	\$0.00	\$19.22	\$17.81	\$0.00	\$46.71	\$1.56	\$15.48	\$1.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.76									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3362	1.4040				
Provider: GIBSON HEALTH OPCO LLC Prvdr ID: 00141116A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3362	1.4040	1.3761	1.4431	1.4037	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,549,376	\$2,204,985	\$0	\$505,904	\$499,099	\$0	\$901,112		\$438,276	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$134,087)	(\$7,794)	\$0	\$0	\$1,626	\$2,191	(\$83,587)		(\$46,523)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,878														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,543,287	\$2,197,191	\$0	\$505,904	\$500,725	\$2,191	\$817,525	\$81,120	\$391,753	\$46,878														
8	Total Nursing Facility Days	As Filed Days = 19,599																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,599								19,599																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.81	\$112.11	\$0.00	\$25.81	\$25.66	(with L&H)	\$41.71	\$4.14	\$19.99	\$2.39														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3362																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.90																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.90	\$0.00	\$25.81	\$25.66		\$41.71	\$4.14	\$19.99	\$2.39														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.99	\$83.90	\$0.00	\$25.81	\$25.66		\$38.83	\$4.14	12.26	\$2.39														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.99	\$83.90	\$0.00	\$25.81	\$25.66	\$0.00	\$38.83	\$4.14	\$12.26	\$2.39														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4037																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.77																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.86	\$117.77	\$0.00	\$25.81	\$25.66	\$0.00	\$38.83	\$4.14	\$12.26	\$2.39														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$8.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.77	\$125.95	\$0.00	\$26.03	\$26.07	\$0.00	\$55.93	\$4.14	\$12.26	\$2.39														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.75																							

Quarterly PDPM Based Per Diem Rate Calculations
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Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141127A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.7748	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	17.65%	Quarterly Medicaid PDPM:				2.0259	1.4431	
					3.44	Qtrly Mcaid PDPM w RUG Wght Options:				2.0686	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,252,200	\$4,445,450	\$0	\$652,551	\$872,253	\$0	\$2,220,782		\$61,164	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$140,004)	\$0	\$0	\$0	\$7,645	\$14,783	(\$118,199)		(\$44,233)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,236		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,370
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,268,802	\$4,445,450	\$0	\$652,551	\$879,898	\$14,783	\$2,102,583	\$111,236	\$16,931	\$45,370
8	Total Nursing Facility Days	As Filed Days = 31,291 FY22 Audited C/R Days	31,291									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,291 FY22 GL-PL Ins Rpt Days								31,291		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.24	\$142.07	\$0.00	\$20.85	\$28.59	(with L&H)	\$67.19	\$3.55	\$0.54	\$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.7748								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.05	\$0.00	\$20.85	\$28.59		\$67.19	\$3.55	\$0.54	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.60	\$80.05	\$0.00	\$20.85	\$28.59		\$38.83	\$3.55	22.28 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.60	\$80.05	\$0.00	\$20.85	\$28.59	\$0.00	\$38.83	\$3.55	\$22.28	\$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.0686								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$165.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$281.14	\$165.59	\$0.00	\$20.85	\$28.59	\$0.00	\$38.83	\$3.55	\$22.28	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.28	\$8.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$8.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$307.68	\$174.40	\$0.00	\$21.07	\$29.00	\$0.00	\$55.93	\$3.55	\$22.28	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.94									

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:
Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER Prvdr ID: 00141138A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	1.2959	1.4040				
Add-on Data and Percentages: Growth Allowance: N/A, Qtrly BIMS score: 30.16%, Nurse Hours per On-Site Day/Quality Incentive: 2.59													2.59	3.0%	1.2921	1.4431				
Case Mix Index (CMI) Data: Base Period Overall PDPMCM: 1.2959, Quarterly Medicaid PDPM: 1.2921, Qtrly Mcaid PDPM w RUG Wght Options: 1.3175													1.3175	1.4722						
PDPM BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,400,597	\$2,780,954	\$0	\$437,687	\$479,439	\$0	\$722,739		\$979,778	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$112,110)	(\$4,470)	\$0	\$0	\$0	\$0	(\$71,218)		(\$36,422)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$65,385										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,422								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,390,294	\$2,776,484	\$0	\$437,687	\$479,439	\$0	\$651,521	\$65,385	\$943,356	\$36,422								
8	Total Nursing Facility Days	FY22 Audited C/R Days	30,461																	
	As Filed Days = 30,461																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY22 GL-PL Ins Rpt Days								30,461										
	As Filed Days = 30,461																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.97	\$91.15	\$0.00	\$14.37	\$15.74	<i>(with L&H)</i>	\$21.39	\$2.15	\$30.97	\$1.20								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2959																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.34																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.34	\$0.00	\$14.37	\$15.74		\$21.39	\$2.15	\$30.97	\$1.20								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.06	\$70.34	\$0.00	\$14.37	\$15.74		\$21.39	\$2.15	10.87 <i>(FRV)</i>	\$1.20								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.06	\$70.34	\$0.00	\$14.37	\$15.74	\$0.00	\$21.39	\$2.15	\$10.87	\$1.20								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3175																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$92.67																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.39	\$92.67	\$0.00	\$14.37	\$15.74	\$0.00	\$21.39	\$2.15	\$10.87	\$1.20								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$182.12	\$98.30	\$0.00	\$14.59	\$16.15	\$0.00	\$38.86	\$2.15	\$10.87	\$1.20								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.77																	

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide		
Provider: ARCHBOLD LIVING THOMASVILLE														Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3879	1.4040	
Prvdr ID: 00141149A														Qtrly BIMS score	24.56%	1.0%	Quarterly Medicaid PDPM:	1.3277	1.4431	
PDPM Per Diem Rate Effective Date: 7/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.3533	1.4722	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																				
			a	b	c	d	e	f	g	g	h	i								
<u>PDPM BASED RATE CALCULATIONS</u>																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,760,866	\$2,832,144	\$0	\$466,188	\$395,358	\$371,863	\$1,145,196		\$550,117	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$45,606)	\$683	\$0	\$0	(\$5,756)	(\$5,413)	(\$26,550)		(\$8,570)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$26,550										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,446								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,750,256	\$2,832,827	\$0	\$466,188	\$389,602	\$366,450	\$1,118,646	\$26,550	\$541,547	\$8,446								
8	Total Nursing Facility Days	As Filed Days = 18,106																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,106																		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$317.56	\$156.44	\$0.00	\$25.74	\$41.75	(with L&H)	\$61.78	\$1.47	\$29.91	\$0.47								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3879																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.71																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.71	\$0.00	\$25.74	\$41.75		\$61.78	\$1.47	\$29.91	\$0.47								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.91	\$112.71	\$0.00	\$25.74	\$33.22		\$38.83	\$1.47	11.47 (FRV)	\$0.47								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.91	\$112.71	\$0.00	\$25.74	\$33.22	\$0.00	\$38.83	\$1.47	\$11.47	\$0.47								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3533																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$152.53																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.73	\$152.53	\$0.00	\$25.74	\$33.22	\$0.00	\$38.83	\$1.47	\$11.47	\$0.47								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58																
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	\$23.96	\$6.64	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.69	\$159.17	\$0.00	\$25.96	\$33.22	\$0.00	\$55.93	\$1.47	\$11.47	\$0.47								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.94																	

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,509,339	\$3,395,421	\$0	\$766,826	\$647,305	\$0	\$1,234,681		\$1,465,106	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$323,207)	(\$3,885)	\$0	\$0	\$0	\$0	(\$240,773)		(\$78,549)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$240,773		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,549
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,505,454	\$3,391,536	\$0	\$766,826	\$647,305	\$0	\$993,908	\$240,773	\$1,386,557	\$78,549
8	Total Nursing Facility Days	As Filed Days = 34,906 FY22 Audited C/R Days	34,906									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,906 FY22 GL-PL Ins Rpt Days								34,906		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.01	\$97.16	\$0.00	\$21.97	\$18.54	(with L&H)	\$28.47	\$6.90	\$39.72	\$2.25
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2738								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$21.97	\$18.54		\$28.47	\$6.90	\$39.72	\$2.25
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.74	\$76.28	\$0.00	\$21.97	\$18.54		\$28.47	\$6.90	11.33 (FRV)	\$2.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.74	\$76.28	\$0.00	\$21.97	\$18.54	\$0.00	\$28.47	\$6.90	\$11.33	\$2.25
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3355								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.33	\$101.87	\$0.00	\$21.97	\$18.54	\$0.00	\$28.47	\$6.90	\$11.33	\$2.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$213.02	\$105.46	\$0.00	\$22.19	\$18.95	\$0.00	\$45.94	\$6.90	\$11.33	\$2.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.94									

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

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Provider: GRACEMORE NURSING AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141182A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3020	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid PDPM:			1.3745	1.4431
							3.39	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4021	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,319,134	\$1,826,386	\$0	\$418,772	\$444,397	\$0	\$563,452		\$66,127	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$74,295)	\$0	\$0	\$0	\$0	\$19	(\$51,150)		(\$23,164)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,922			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,164	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,317,925	\$1,826,386	\$0	\$418,772	\$444,397	\$19	\$512,302	\$49,922	\$42,963	\$23,164	
8	Total Nursing Facility Days	As Filed Days = 13,261											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,261											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.20	\$137.73	\$0.00	\$31.58	\$33.51	(with L&H)	\$38.63	\$3.76	\$3.24	\$1.75	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3020									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.78									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.78	\$0.00	\$31.58	\$33.51		\$38.63	\$3.76	\$3.24	\$1.75	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.79	\$105.78	\$0.00	\$30.35	\$33.22		\$38.63	\$3.76	9.30 (FRV)	\$1.75	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.79	\$105.78	\$0.00	\$30.35	\$33.22	\$0.00	\$38.63	\$3.76	\$9.30	\$1.75	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4021									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$148.31									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.32	\$148.31	\$0.00	\$30.35	\$33.22	\$0.00	\$38.63	\$3.76	\$9.30	\$1.75	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.68	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.15		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.71	\$3.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.42	\$7.42									
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	\$28.91	\$11.66	\$0.00	\$0.00	\$0.00	\$0.00	\$17.25	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.23	\$159.97	\$0.00	\$30.35	\$33.22	\$0.00	\$55.88	\$3.76	\$9.30	\$1.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.85										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4706	1.4040
Provider: PRUITTHEALTH - GRANDVIEW Prvdr ID: 00141215A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	18.18%	0.0%	2.80	5.0%	1.3696	1.4431	1.3971	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,800,880	\$2,629,743	\$0	\$489,276	\$529,396	\$0	\$870,807		\$281,658	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$355,245)	(\$23,953)	\$0	\$0	\$0	\$0	(\$277,571)		(\$53,721)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$255,098												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$90,100										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,790,833	\$2,605,790	\$0	\$489,276	\$529,396	\$0	\$593,236	\$255,098	\$227,937	\$90,100										
8	Total Nursing Facility Days	As Filed Days = 21,743 FY22 Audited C/R Days	21,743																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,743 FY22 GL-PL Ins Rpt Days								21,743												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.33	\$119.85	\$0.00	\$22.50	\$24.35	<i>(with L&H)</i>	\$27.28	\$11.73	\$10.48	\$4.14										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4706																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.49																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.49	\$0.00	\$22.50	\$24.35		\$27.28	\$11.73	\$10.48	\$4.14										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.46	\$81.49	\$0.00	\$22.50	\$24.35		\$27.28	\$11.73	12.97 <i>(FRV)</i>	\$4.14										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.46	\$81.49	\$0.00	\$22.50	\$24.35	\$0.00	\$27.28	\$11.73	\$12.97	\$4.14										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3971																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.85																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.82	\$113.85	\$0.00	\$22.50	\$24.35	\$0.00	\$27.28	\$11.73	\$12.97	\$4.14										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.69	\$5.69																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.14	\$120.07	\$0.00	\$22.72	\$24.76	\$0.00	\$44.75	\$11.73	\$12.97	\$4.14										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.03																			

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

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Provider: GRANDVIEW HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141226A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		0.00%	Base Period Overall PDPMCM: 1.5949			1.4040		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 1.99		Qtrly BIMS score: 14.89%		0.0%	Quarterly Medicaid PDPM: 1.6106			1.4431		
						1.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.6447			1.4722		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,475,008	\$3,197,537	\$0	\$387,126	\$308,239	\$0	\$794,382		\$787,724	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$147,186)	\$0	\$0	\$0	\$0	\$0	(\$91,106)		(\$56,080)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,106		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$56,080
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,475,008	\$3,197,537	\$0	\$387,126	\$308,239	\$0	\$703,276	\$91,106	\$731,644	\$56,080
8	Total Nursing Facility Days	As Filed Days = 19,444 FY22 Audited C/R Days	19,444									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,444 FY22 GL-PL Ins Rpt Days								19,444		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.58	\$164.45	\$0.00	\$19.91	\$15.85	(with L&H)	\$36.17	\$4.69	\$37.63	\$2.88
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5949								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$103.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.11	\$0.00	\$19.91	\$15.85		\$36.17	\$4.69	\$37.63	\$2.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.10	\$103.11	\$0.00	\$19.91	\$15.85		\$36.17	\$4.69	13.49 (FRV)	\$2.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.10	\$103.11	\$0.00	\$19.91	\$15.85	\$0.00	\$36.17	\$4.69	\$13.49	\$2.88
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6447								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$169.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.58	\$169.59	\$0.00	\$19.91	\$15.85	\$0.00	\$36.17	\$4.69	\$13.49	\$2.88
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.70	\$1.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.33	\$2.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$282.91	\$171.82	\$0.00	\$20.13	\$16.26	\$0.00	\$53.64	\$4.69	\$13.49	\$2.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.36									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,269,197	\$3,576,585	\$0	\$891,219	\$626,013	\$0	\$1,342,756		\$832,624	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$213,641)	(\$3,036)	\$0	\$0	\$114	\$1,420	(\$124,242)		(\$87,897)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$124,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$87,934
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,267,732	\$3,573,549	\$0	\$891,219	\$626,127	\$1,420	\$1,218,514	\$124,242	\$744,727	\$87,934
8	Total Nursing Facility Days	As Filed Days = 29,158 FY22 Audited C/R Days	29,158									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,158 FY22 GL-PL Ins Rpt Days								29,158		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.26	\$122.56	\$0.00	\$30.57	\$21.52	(with L&H)	\$41.79	\$4.26	\$25.54	\$3.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5877								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.19								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.19	\$0.00	\$30.57	\$21.52		\$41.79	\$4.26	\$25.54	\$3.02
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.42	\$77.19	\$0.00	\$30.35	\$21.52		\$38.83	\$4.26	19.25 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.42	\$77.19	\$0.00	\$30.35	\$21.52	\$0.00	\$38.83	\$4.26	\$19.25	\$3.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6049								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.88								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.11	\$123.88	\$0.00	\$30.35	\$21.52	\$0.00	\$38.83	\$4.26	\$19.25	\$3.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.81	\$6.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.57	\$11.06	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.68	\$134.94	\$0.00	\$30.35	\$21.93	\$0.00	\$55.93	\$4.26	\$19.25	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.44									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: ROSWELL NURSING & REHAB CENTER Prvdr ID: 00141248A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 36.05% Nurse Hours per On-Site Day/Quality Incentive: 2.92				Base Period Overall PDPMCM: 1.4840 Quarterly Medicaid PDPM: 1.5009 Qtrly Mcaid PDPM w RUG Wght Options: 1.5313				Facility Specific: 1.4840 State-wide: 1.4040 1.5009 1.4431 1.5313 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$16,471,725	\$8,469,507	\$0	\$1,295,738	\$1,300,358	\$0	\$2,797,869		\$2,608,253	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$250,549)	(\$247,847)	\$0	(\$618)	\$5,546	(\$2,148)	\$201,430		(\$206,912)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$222,111
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$16,482,834	\$8,221,660	\$0	\$1,295,120	\$1,305,904	(\$2,148)	\$2,999,299	\$39,547	\$2,401,341	\$222,111
8	Total Nursing Facility Days	As Filed Days = 63,441 FY22 Audited C/R Days	63,441									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,441 FY22 GL-PL Ins Rpt Days								63,441		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.81	\$129.60	\$0.00	\$20.41	\$20.55	(with L&H)	\$47.28	\$0.62	\$37.85	\$3.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4840								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.33	\$0.00	\$20.41	\$20.55		\$47.28	\$0.62	\$37.85	\$3.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.75	\$87.33	\$0.00	\$20.41	\$20.55		\$38.83	\$0.62	11.51 (FRV)	\$3.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.75	\$87.33	\$0.00	\$20.41	\$20.55	\$0.00	\$38.83	\$0.62	\$11.51	\$3.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5313								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.73								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.15	\$133.73	\$0.00	\$20.41	\$20.55	\$0.00	\$38.83	\$0.62	\$11.51	\$3.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.67	\$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	\$24.27	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.42	\$140.27	\$0.00	\$20.63	\$20.96	\$0.00	\$55.93	\$0.62	\$11.51	\$3.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.24									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4747	1.4040	Qtrly BIMS score	15.00%	0.0%	Quarterly Medicaid PDPM:	1.2115	1.4431	Nurse Hours per On-Site Day/Quality Incentive:	2.89	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.2353	1.4722	
			a	b	c	d	e	f	g	g	h	i																			
<u>PDPM BASED RATE CALCULATIONS</u>																															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																						
Peer Group Standards & Efficiency Measure Limits																															
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																						
Base Period Per Diem Allowed Amounts																															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,296,958	\$3,435,600	\$0	\$569,730	\$556,176	\$0	\$1,511,741		\$1,223,711	\$0																			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$209,743)	(\$33,477)	\$0	\$0	\$0	\$0	(\$157,050)		(\$19,216)																				
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt									\$135,329																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																				\$38,497									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,261,041	\$3,402,123	\$0	\$569,730	\$556,176	\$0	\$1,354,691	\$135,329	\$1,204,495	\$38,497																			
8	Total Nursing Facility Days	As Filed Days = 29,448																													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,448																													
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.58	\$115.53	\$0.00	\$19.35	\$18.89	(with L&H)	\$46.00	\$4.60	\$40.90	\$1.31																			
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4747																											
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.34																											
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.34	\$0.00	\$19.35	\$18.89		\$46.00	\$4.60	\$40.90	\$1.31																			
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A																				
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.02	\$78.34	\$0.00	\$19.35	\$18.89		\$38.83	\$4.60	9.70	\$1.31																			
											(FRV)																				
Quarterly Per Diem Rate Prior to Add-ons																															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.02	\$78.34	\$0.00	\$19.35	\$18.89	\$0.00	\$38.83	\$4.60	\$9.70	\$1.31																			
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2353																											
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$96.77																											
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.45	\$96.77	\$0.00	\$19.35	\$18.89	\$0.00	\$38.83	\$4.60	\$9.70	\$1.31																			
Quarterly Per Diem Add-on Amounts																															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00																			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90																											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																			
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$210.61	\$100.20	\$0.00	\$19.57	\$19.30	\$0.00	\$55.93	\$4.60	\$9.70	\$1.31																			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.13																												

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: NEW HORIZONS HABERSHAM Prvdr ID: 00141292A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 48.00% Qtrly BIMS score: 3.70 Nurse Hours per On-Site Day/Quality Incentive: 2.0%				Base Period Overall PDPMCM: 1.3391 Quarterly Medicaid PDPM: 1.2894 Qtrly Mcaid PDPM w RUG Wght Options: 1.3148				Facility Specific: 1.3391 1.2894 1.3148	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,333,549	\$3,506,800	\$0	\$1,260,191	\$399,789	\$219,693	\$979,488		\$967,588	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$157,065)	(\$182,330)	\$0	\$0	(\$4,233)	(\$2,326)	\$110,640		(\$78,816)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,690		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$77,981
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,326,155	\$3,324,470	\$0	\$1,260,191	\$395,556	\$217,367	\$1,090,128	\$71,690	\$888,772	\$77,981
8	Total Nursing Facility Days	As Filed Days = 26,027 FY22 Audited C/R Days	26,027									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,027 FY22 GL-PL Ins Rpt Days								26,027		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.48	\$127.73	\$0.00	\$48.42	\$23.55	(with L&H)	\$41.88	\$2.75	\$34.15	\$3.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3391								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$48.42	\$23.55		\$41.88	\$2.75	\$34.15	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.44	\$95.38	\$0.00	\$36.63	\$23.55		\$38.83	\$2.75	11.30 <i>(FRV)</i>	\$3.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.44	\$95.38	\$0.00	\$36.63	\$23.55		\$0.00	\$38.83	\$2.75	\$11.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3148								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.47	\$125.41	\$0.00	\$36.63	\$23.55		\$0.00	\$38.83	\$2.75	\$11.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41		\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.90	\$6.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.94	\$0.00	\$0.00	\$0.41		\$0.00	\$17.10	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.92	\$135.35	\$0.00	\$36.63	\$23.96		\$0.00	\$55.93	\$2.75	\$11.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.87									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: WARNER ROBINS REHABILITATION CENTER Prvdr ID: 00141303A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
			Growth Allowance:			N/A	0.00%	Base Period Overall PDPMCM:			1.4565	1.4040
			Qtrly BIMS score			24.21%	1.0%	Quarterly Medicaid PDPM:			1.3423	1.4431
			Nurse Hours per On-Site Day/Quality Incentive:			3.20	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3691	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,033,937	\$3,223,160	\$0	\$551,838	\$587,572	\$0	\$1,261,662		\$409,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$358,231)	(\$3,933)	\$0	\$0	\$4,822	\$4,534	(\$279,000)		(\$84,654)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$279,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$86,002
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,040,708	\$3,219,227	\$0	\$551,838	\$592,394	\$4,534	\$982,662	\$279,000	\$325,051	\$86,002
8	Total Nursing Facility Days	As Filed Days = 35,085 FY22 Audited C/R Days	35,085									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,085 FY22 GL-PL Ins Rpt Days								35,085		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.17	\$91.76	\$0.00	\$15.73	\$17.01	<i>(with L&H)</i>	\$28.01	\$7.95	\$9.26	\$2.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4565								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$63.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.00	\$0.00	\$15.73	\$17.01		\$28.01	\$7.95	\$9.26	\$2.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.16	\$63.00	\$0.00	\$15.73	\$17.01		\$28.01	\$7.95	14.01 <i>(FRV)</i>	\$2.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.16	\$63.00	\$0.00	\$15.73	\$17.01	\$0.00	\$28.01	\$7.95	\$14.01	\$2.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3691								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$86.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.41	\$86.25	\$0.00	\$15.73	\$17.01	\$0.00	\$28.01	\$7.95	\$14.01	\$2.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$194.35	\$91.09	\$0.00	\$15.95	\$17.42	\$0.00	\$45.48	\$7.95	\$14.01	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.94									

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

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Provider: HARALSON NSG & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141325A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4437	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.41%	1.0%	Quarterly Medicaid PDPM:			1.4162	1.4431
							2.91	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4451	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,600,596	\$3,883,784	\$0	\$711,087	\$621,016	\$0	\$1,321,877		\$1,062,832	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$181,319)	(\$40,372)	\$0	(\$11,292)	(\$7,016)	\$6,270	(\$84,002)		(\$44,907)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$17,708			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$44,031	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,481,016	\$3,843,412	\$0	\$699,795	\$614,000	\$6,270	\$1,237,875	\$17,708	\$1,017,925	\$44,031	
8	Total Nursing Facility Days	As Filed Days = 35,052											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,052								35,052			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.44	\$109.65	\$0.00	\$19.96	\$17.70	(with L&H)	\$35.32	\$0.51	\$29.04	\$1.26	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4437									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.95									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.95	\$0.00	\$19.96	\$17.70		\$35.32	\$0.51	\$29.04	\$1.26	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.35	\$75.95	\$0.00	\$19.96	\$17.70		\$35.32	\$0.51	10.65 (FRV)	\$1.26	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.35	\$75.95	\$0.00	\$19.96	\$17.70	\$0.00	\$35.32	\$0.51	\$10.65	\$1.26	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4451									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.76									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.16	\$109.76	\$0.00	\$19.96	\$17.70	\$0.00	\$35.32	\$0.51	\$10.65	\$1.26	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$218.18	\$114.68	\$0.00	\$20.18	\$18.11	\$0.00	\$52.79	\$0.51	\$10.65	\$1.26	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.81										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,123,666	\$2,380,367	\$0	\$417,888	\$387,039	\$0	\$760,421		\$177,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$108,056)	(\$54,503)	\$0	\$0	\$11	(\$3,010)	(\$43,112)		(\$7,442)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,289		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,882
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,084,781	\$2,325,864	\$0	\$417,888	\$387,050	(\$3,010)	\$717,309	\$61,289	\$170,509	\$7,882
8	Total Nursing Facility Days As Filed Days = 18,307	FY22 Audited C/R Days	18,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,307	FY22 GL-PL Ins Rpt Days								18,340		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.73	\$126.82	\$0.00	\$22.79	\$20.94	(with L&H)	\$39.11	\$3.34	\$9.30	\$0.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4705								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.24	\$0.00	\$22.79	\$20.94		\$39.11	\$3.34	\$9.30	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.06	\$86.24	\$0.00	\$22.79	\$20.94		\$38.83	\$3.34	9.49 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.06	\$86.24	\$0.00	\$22.79	\$20.94	\$0.00	\$38.83	\$3.34	\$9.49	\$0.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3200								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.66	\$113.84	\$0.00	\$22.79	\$20.94	\$0.00	\$38.83	\$3.34	\$9.49	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.54	\$2.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.20	\$116.65	\$0.00	\$23.01	\$21.35	\$0.00	\$55.93	\$3.34	\$9.49	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.83									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,423,611	\$3,149,992	\$0	\$652,255	\$504,772	\$0	\$1,094,715		\$4,021,877	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$36,797)	(\$2,470)	\$0	\$1,820	\$14,758	\$11,732	(\$43,560)		(\$19,077)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$43,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,128
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,448,502	\$3,147,522	\$0	\$654,075	\$519,530	\$11,732	\$1,051,155	\$43,560	\$4,002,800	\$18,128
8	Total Nursing Facility Days	As Filed Days = 33,424 FY22 Audited C/R Days	33,424									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,424 FY22 GL-PL Ins Rpt Days								33,424		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$282.68	\$94.17	\$0.00	\$19.57	\$15.89	(with L&H)	\$31.45	\$1.30	\$119.76	\$0.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.7912								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$52.57								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.57	\$0.00	\$19.57	\$15.89		\$31.45	\$1.30	\$119.76	\$0.54
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.47	\$52.57	\$0.00	\$19.57	\$15.89		\$31.45	\$1.30	13.15 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.47	\$52.57	\$0.00	\$19.57	\$15.89	\$0.00	\$31.45	\$1.30	\$13.15	\$0.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6267								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$85.52								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.42	\$85.52	\$0.00	\$19.57	\$15.89	\$0.00	\$31.45	\$1.30	\$13.15	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.13	\$5.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.90	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$193.32	\$93.32	\$0.00	\$19.79	\$16.30	\$0.00	\$48.92	\$1.30	\$13.15	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.17									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5710	1.4040				
Provider: PRUITTHEALTH - VALDOSTA, LLC Prvdr ID: 00141369A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5710	1.4040	1.7997	1.4431	1.8362	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,897,499	\$3,160,164	\$0	\$486,166	\$722,743	\$0	\$1,103,961		\$424,465	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$415,299)	(\$31,671)	\$0	\$4,937	\$4,488	\$5,218	(\$342,823)		(\$55,448)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$347,580																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,640														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,876,420	\$3,128,493	\$0	\$491,103	\$727,231	\$5,218	\$761,138	\$347,580	\$369,017	\$46,640														
8	Total Nursing Facility Days	As Filed Days = 26,992																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,992									26,992															
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.71	\$115.90	\$0.00	\$18.19	\$27.14	(with L&H)	\$28.20	\$12.88	\$13.67	\$1.73														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5710																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.78																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.78	\$0.00	\$18.19	\$27.14		\$28.20	\$12.88	\$13.67	\$1.73														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.81	\$73.78	\$0.00	\$18.19	\$27.14		\$28.20	\$12.88	12.89	\$1.73														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.81	\$73.78	\$0.00	\$18.19	\$27.14	\$0.00	\$28.20	\$12.88	\$12.89	\$1.73														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8362																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.47																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.50	\$135.47	\$0.00	\$18.19	\$27.14	\$0.00	\$28.20	\$12.88	\$12.89	\$1.73														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.77	\$6.77																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.75	\$8.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.25	\$144.12	\$0.00	\$18.41	\$27.55	\$0.00	\$45.67	\$12.88	\$12.89	\$1.73														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.61																							

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

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Provider: PRUITTHEALTH - ATHENS HERITAGE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141391A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.5155			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.03		Qtrly BIMS score: 11.27%		11.27%	0.0%	Quarterly Medicaid PDPM: 1.4406			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4701			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,316,313	\$4,970,466	\$0	\$655,842	\$789,742	\$0	\$1,445,523		\$454,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$514,204)	(\$166,901)	\$0	\$0	\$5,039	\$4,675	(\$223,555)		(\$133,462)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$368,675		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$121,055
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,291,839	\$4,803,565	\$0	\$655,842	\$794,781	\$4,675	\$1,221,968	\$368,675	\$321,278	\$121,055
8	Total Nursing Facility Days	As Filed Days = 33,047 FY22 Audited C/R Days	33,047									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,047 FY22 GL-PL Ins Rpt Days								33,047		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.92	\$145.36	\$0.00	\$19.85	\$24.19	(with L&H)	\$36.98	\$11.16	\$9.72	\$3.66
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5155								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.92	\$0.00	\$19.85	\$24.19		\$36.98	\$11.16	\$9.72	\$3.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.89	\$95.92	\$0.00	\$19.85	\$24.19		\$36.98	\$11.16	17.13 (FRV)	\$3.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.89	\$95.92	\$0.00	\$19.85	\$24.19	\$0.00	\$36.98	\$11.16	\$17.13	\$3.66
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4701								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.98	\$141.01	\$0.00	\$19.85	\$24.19	\$0.00	\$36.98	\$11.16	\$17.13	\$3.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.05	\$7.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$279.66	\$148.59	\$0.00	\$20.07	\$24.60	\$0.00	\$54.45	\$11.16	\$17.13	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.92									

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,804,217	\$2,472,526	\$0	\$567,300	\$640,283	\$0	\$1,220,964		\$903,144	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$328,511)	(\$6,718)	\$0	\$0	\$0	\$0	(\$203,316)		(\$118,477)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$210,034		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$118,477
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,804,217	\$2,465,808	\$0	\$567,300	\$640,283	\$0	\$1,017,648	\$210,034	\$784,667	\$118,477
8	Total Nursing Facility Days	As Filed Days = 18,911 FY22 Audited C/R Days	18,911									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,911 FY22 GL-PL Ins Rpt Days								18,911		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$306.92	\$130.39	\$0.00	\$30.00	\$33.86	(with L&H)	\$53.81	\$11.11	\$41.49	\$6.26
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.7562								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.24	\$0.00	\$30.00	\$33.86		\$53.81	\$11.11	\$41.49	\$6.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.56	\$74.24	\$0.00	\$30.00	\$33.22		\$38.83	\$11.11	11.90 (FRV)	\$6.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.56	\$74.24	\$0.00	\$30.00	\$33.22	\$0.00	\$38.83	\$11.11	\$11.90	\$6.26
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7061								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.98	\$126.66	\$0.00	\$30.00	\$33.22	\$0.00	\$38.83	\$11.11	\$11.90	\$6.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.90	\$132.26	\$0.00	\$30.22	\$33.22	\$0.00	\$55.93	\$11.11	\$11.90	\$6.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.85									

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

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Provider: HARTWELL HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141413A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3782	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.19%	1.0%	Quarterly Medicaid PDPM:			1.4265	1.4431
							3.08	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4554	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,473,341	\$2,814,769	\$0	\$672,777	\$572,301	\$0	\$1,199,354		\$214,140	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$131,786)	(\$81,919)	\$0	\$81,919	\$0	\$0	(\$121,293)		(\$10,493)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,493	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,423,808	\$2,732,850	\$0	\$754,696	\$572,301	\$0	\$1,078,061	\$71,760	\$203,647	\$10,493	
8	Total Nursing Facility Days	As Filed Days = 23,894 FY22 Audited C/R Days	23,894										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,894 FY22 GL-PL Ins Rpt Days								23,894			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.99	\$114.37	\$0.00	\$31.59	\$23.95	(with L&H)	\$45.12	\$3.00	\$8.52	\$0.44	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3782									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.99									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.99	\$0.00	\$31.59	\$23.95		\$45.12	\$3.00	\$8.52	\$0.44	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.65	\$82.99	\$0.00	\$30.35	\$23.95		\$38.83	\$3.00	11.09 (FRV)	\$0.44	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.65	\$82.99	\$0.00	\$30.35	\$23.95	\$0.00	\$38.83	\$3.00	\$11.09	\$0.44	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4554									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.78									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.44	\$120.78	\$0.00	\$30.35	\$23.95	\$0.00	\$38.83	\$3.00	\$11.09	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.25	\$7.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.94	\$129.77	\$0.00	\$30.35	\$24.36	\$0.00	\$55.93	\$3.00	\$11.09	\$0.44	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.38										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,670,602	\$2,511,260	\$0	\$394,467	\$663,397	\$0	\$858,378		\$243,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$305,545)	(\$32,415)	\$0	\$0	\$1,089	\$1,362	(\$274,173)		(\$1,408)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,231		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,659,288	\$2,478,845	\$0	\$394,467	\$664,486	\$1,362	\$584,205	\$294,231	\$241,692	\$0
8	Total Nursing Facility Days As Filed Days = 18,863	FY22 Audited C/R Days	18,863									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,863	FY22 GL-PL Ins Rpt Days								18,863		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.00	\$131.41	\$0.00	\$20.91	\$35.30	(with L&H)	\$30.97	\$15.60	\$12.81	\$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3626								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.44	\$0.00	\$20.91	\$35.30		\$30.97	\$15.60	\$12.81	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.10	\$96.44	\$0.00	\$20.91	\$33.22		\$30.97	\$15.60	10.96 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.10	\$96.44	\$0.00	\$20.91	\$33.22	\$0.00	\$30.97	\$15.60	\$10.96	\$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4298								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.89								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.55	\$137.89	\$0.00	\$20.91	\$33.22	\$0.00	\$30.97	\$15.60	\$10.96	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.89	\$6.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.49	\$8.80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.04	\$146.69	\$0.00	\$21.13	\$33.22	\$0.00	\$48.44	\$15.60	\$10.96	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.21									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4241	1.4040	Qtrly BIMS score	15.58%	0.0%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,859,313	\$4,302,438	\$0	\$525,736	\$597,937	\$0	\$1,054,803		\$378,399	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$337,879)	(\$27,618)	\$0	\$1,955	\$1,164	(\$1,871)	(\$306,422)		(\$5,087)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$30,898
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,906,828	\$4,274,820	\$0	\$527,691	\$599,101	(\$1,871)	\$748,381	\$354,496	\$373,312	\$30,898									
8	Total Nursing Facility Days	As Filed Days = 30,261																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,261																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.24	\$141.26	\$0.00	\$17.44	\$19.74	(with L&H)	\$24.73	\$11.71	\$12.34	\$1.02									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4241																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.20																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.20	\$0.00	\$17.44	\$19.74		\$24.73	\$11.71	\$12.34	\$1.02									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.30	\$99.20	\$0.00	\$17.44	\$19.74		\$24.73	\$11.71	11.46 (FRV)	\$1.02									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.30	\$99.20	\$0.00	\$17.44	\$19.74	\$0.00	\$24.73	\$11.71	\$11.46	\$1.02									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8656																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$185.07																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.17	\$185.07	\$0.00	\$17.44	\$19.74	\$0.00	\$24.73	\$11.71	\$11.46	\$1.02									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.25	\$9.25																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.88	\$9.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$299.05	\$194.85	\$0.00	\$17.66	\$20.15	\$0.00	\$42.20	\$11.71	\$11.46	\$1.02									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.46																		

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,109,628	\$5,587,047	\$0	\$1,336,072	\$1,248,330	\$0	\$2,123,798		\$814,381	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$166,043)	\$0	\$0	\$0	\$7,445	\$8,395	(\$153,774)		(\$28,109)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$145,080		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,466
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,117,131	\$5,587,047	\$0	\$1,336,072	\$1,255,775	\$8,395	\$1,970,024	\$145,080	\$786,272	\$28,466
8	Total Nursing Facility Days As Filed Days = 45,959	FY22 Audited C/R Days	45,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,959	FY22 GL-PL Ins Rpt Days								45,959		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.90	\$121.57	\$0.00	\$29.07	\$27.51	(with L&H)	\$42.86	\$3.16	\$17.11	\$0.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3814								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.01	\$0.00	\$29.07	\$27.51		\$42.86	\$3.16	\$17.11	\$0.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.77	\$88.01	\$0.00	\$29.07	\$27.51		\$38.83	\$3.16	26.57 (FRV)	\$0.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.77	\$88.01	\$0.00	\$29.07	\$27.51	\$0.00	\$38.83	\$3.16	\$26.57	\$0.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4583								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.10	\$128.34	\$0.00	\$29.07	\$27.51	\$0.00	\$38.83	\$3.16	\$26.57	\$0.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.42	\$6.42								
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	\$25.96	\$8.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.06	\$136.57	\$0.00	\$29.29	\$27.92	\$0.00	\$55.93	\$3.16	\$26.57	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.22									

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

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Provider: MACON REHABILITATION AND HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141523A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4236	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	15.87%	0.0%	Quarterly Medicaid PDPM:			1.4065	1.4431
							3.27	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4343	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,922,063	\$3,250,870	\$0	\$545,567	\$643,935	\$0	\$1,335,497		\$1,146,194	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$389,984)	\$21,875	\$0	\$0	\$0	\$0	(\$339,568)		(\$72,291)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$317,693			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$72,291	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,922,063	\$3,272,745	\$0	\$545,567	\$643,935	\$0	\$995,929	\$317,693	\$1,073,903	\$72,291	
8	Total Nursing Facility Days	As Filed Days = 30,300											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,300								30,300			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.45	\$108.01	\$0.00	\$18.01	\$21.25	(with L&H)	\$32.87	\$10.48	\$35.44	\$2.39	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4236									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.87									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.87	\$0.00	\$18.01	\$21.25		\$32.87	\$10.48	\$35.44	\$2.39	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.20	\$75.87	\$0.00	\$18.01	\$21.25		\$32.87	\$10.48	12.33 (FRV)	\$2.39	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.20	\$75.87	\$0.00	\$18.01	\$21.25	\$0.00	\$32.87	\$10.48	\$12.33	\$2.39	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4343									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.82									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.15	\$108.82	\$0.00	\$18.01	\$21.25	\$0.00	\$32.87	\$10.48	\$12.33	\$2.39	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.89	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$228.04	\$112.61	\$0.00	\$18.23	\$21.66	\$0.00	\$50.34	\$10.48	\$12.33	\$2.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.21										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			
			a	b	c	d	e	f	g	g	h	i	
Provider: FRIENDSHIP HEALTH AND REHAB Prvdr ID: 00141567A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													
			Growth Allowance: N/A Qtrly BIMS score: 29.79% Nurse Hours per On-Site Day/Quality Incentive: 2.98				Add-on Percent: 0.00% 1.0% 3.0%				Facility Specific: 1.3889 1.3640 1.3919		State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,055,178	\$2,000,388	\$0	\$436,930	\$544,441	\$0	\$694,965		\$378,454	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$230,944)	(\$94,213)	\$0	\$0	\$615	\$78,184	(\$197,050)		(\$18,480)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$114,923			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,480	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,957,637	\$1,906,175	\$0	\$436,930	\$545,056	\$78,184	\$497,915	\$114,923	\$359,974	\$18,480	
8	Total Nursing Facility Days As Filed Days = 13,951	FY22 Audited C/R Days	13,951										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,951	FY22 GL-PL Ins Rpt Days								13,951			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$283.67	\$136.63	\$0.00	\$31.32	\$44.67	(with L&H)	\$35.69	\$8.24	\$25.80	\$1.32	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3889									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.37									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.37	\$0.00	\$31.32	\$44.67		\$35.69	\$8.24	\$25.80	\$1.32	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.94	\$98.37	\$0.00	\$30.35	\$33.22		\$35.69	\$8.24	9.75 (FRV)	\$1.32	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.94	\$98.37	\$0.00	\$30.35	\$33.22	\$0.00	\$35.69	\$8.24	\$9.75	\$1.32	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3919									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.92									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.49	\$136.92	\$0.00	\$30.35	\$33.22	\$0.00	\$35.69	\$8.24	\$9.75	\$1.32	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.48	\$6.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$278.97	\$142.93	\$0.00	\$30.35	\$33.22	\$0.00	\$53.16	\$8.24	\$9.75	\$1.32	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.40										

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

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Provider: MIONA GERIATRIC & DEMENTIA CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141578A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3640	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	49.30%	5.5%	Quarterly Medicaid PDPM:			1.4356	1.4431
							3.81	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4644	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,057,086	\$2,954,852	\$0	\$512,850	\$713,987	\$0	\$752,170		\$123,227	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$107,586)	\$0	\$0	\$0	\$0	\$0	(\$66,541)		(\$41,045)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,541			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$41,045	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,057,086	\$2,954,852	\$0	\$512,850	\$713,987	\$0	\$685,629	\$66,541	\$82,182	\$41,045	
8	Total Nursing Facility Days	As Filed Days = 28,633 FY22 Audited C/R Days	28,633										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,633 FY22 GL-PL Ins Rpt Days								28,633			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.62	\$103.20	\$0.00	\$17.91	\$24.94	(with L&H)	\$23.95	\$2.32	\$2.87	\$1.43	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3640									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.66									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.66	\$0.00	\$17.91	\$24.94		\$23.95	\$2.32	\$2.87	\$1.43	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.48	\$75.66	\$0.00	\$17.91	\$24.94		\$23.95	\$2.32	13.27 (FRV)	\$1.43	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.48	\$75.66	\$0.00	\$17.91	\$24.94	\$0.00	\$23.95	\$2.32	\$13.27	\$1.43	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4644									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.80									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.62	\$110.80	\$0.00	\$17.91	\$24.94	\$0.00	\$23.95	\$2.32	\$13.27	\$1.43	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.54	\$5.54									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.26	\$12.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$224.88	\$122.96	\$0.00	\$18.13	\$25.35	\$0.00	\$41.42	\$2.32	\$13.27	\$1.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.84										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2672	1.4040
Provider: THE PLACE AT DEANS BRIDGE Prvdr ID: 00141589A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	35.48%	2.5%	3.81	3.0%	1.2358	1.4431	1.2603	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,968,377	\$3,320,973	\$0	\$538,309	\$560,824	\$0	\$1,230,471		\$317,800	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$666,986)	\$243	\$0	\$0	(\$3,409)	(\$10,994)	(\$585,139)		(\$67,687)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$411,431												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,777										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,779,599	\$3,321,216	\$0	\$538,309	\$557,415	(\$10,994)	\$645,332	\$411,431	\$250,113	\$66,777										
8	Total Nursing Facility Days	As Filed Days = 27,196																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,196								27,196												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.52	\$122.12	\$0.00	\$19.79	\$20.09	<i>(with L&H)</i>	\$23.73	\$15.13	\$9.20	\$2.46										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2672																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.37																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.37	\$0.00	\$19.79	\$20.09		\$23.73	\$15.13	\$9.20	\$2.46										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.06	\$96.37	\$0.00	\$19.79	\$20.09		\$23.73	\$15.13	11.49 <i>(FRV)</i>	\$2.46										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.06	\$96.37	\$0.00	\$19.79	\$20.09	\$0.00	\$23.73	\$15.13	\$11.49	\$2.46										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2603																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.46																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.15	\$121.46	\$0.00	\$19.79	\$20.09	\$0.00	\$23.73	\$15.13	\$11.49	\$2.46										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.64	\$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	\$25.31	\$7.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$239.46	\$128.67	\$0.00	\$20.01	\$20.50	\$0.00	\$41.20	\$15.13	\$11.49	\$2.46										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.77																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3630	1.4040	Qtrly BIMS score	12.82%	0.0%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,076,981	\$2,679,835	\$0	\$481,741	\$493,291	\$0	\$1,364,574		\$1,057,540	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$196,998)	(\$84,108)	\$0	\$0	\$0	\$0	(\$62,382)		(\$50,508)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$123,576											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$50,508
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,054,067	\$2,595,727	\$0	\$481,741	\$493,291	\$0	\$1,302,192	\$123,576	\$1,007,032	\$50,508									
8	Total Nursing Facility Days	As Filed Days = 31,947																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,947																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.50	\$81.25	\$0.00	\$15.08	\$15.44	(with L&H)	\$40.76	\$3.87	\$31.52	\$1.58									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3630																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$59.61																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.61	\$0.00	\$15.08	\$15.44		\$40.76	\$3.87	\$31.52	\$1.58									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.26	\$59.61	\$0.00	\$15.08	\$15.44		\$38.83	\$3.87	8.85	\$1.58									
											(FRV)										
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.26	\$59.61	\$0.00	\$15.08	\$15.44	\$0.00	\$38.83	\$3.87	\$8.85	\$1.58									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9587																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.76																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.41	\$116.76	\$0.00	\$15.08	\$15.44	\$0.00	\$38.83	\$3.87	\$8.85	\$1.58									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$4.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.17	\$120.79	\$0.00	\$15.30	\$15.85	\$0.00	\$55.93	\$3.87	\$8.85	\$1.58									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.80																		

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

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Provider: JOE-ANNE BURGIN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141633A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2842	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.77%	1.0%	Quarterly Medicaid PDPM:			1.3005	1.4431
							3.63	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3255	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,440,554	\$1,978,026	\$0	\$563,474	\$663,031	\$0	\$965,037		\$270,986	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$39,009)	\$0	\$0	\$0	\$0	\$0	(\$34,959)		(\$4,050)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,400			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$4,050	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,467,995	\$1,978,026	\$0	\$563,474	\$663,031	\$0	\$930,078	\$62,400	\$266,936	\$4,050	
8	Total Nursing Facility Days	As Filed Days = 16,792 FY22 Audited C/R Days	16,792										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,792 FY22 GL-PL Ins Rpt Days								16,792			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.09	\$117.80	\$0.00	\$33.56	\$39.48	(with L&H)	\$55.39	\$3.72	\$15.90	\$0.24	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2842									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.73									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.73	\$0.00	\$33.56	\$39.48		\$55.39	\$3.72	\$15.90	\$0.24	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.49	\$91.73	\$0.00	\$30.35	\$33.22		\$38.83	\$3.72	23.40 (FRV)	\$0.24	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.49	\$91.73	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.72	\$23.40	\$0.24	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3255									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.59									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.35	\$121.59	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.72	\$23.40	\$0.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.30	\$7.30									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.15	\$9.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$277.50	\$130.64	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$3.72	\$23.40	\$0.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.30										

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

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Provider: SCOTT HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141644A		PDPM Per Diem Rate Effective Date: 7/1/2024		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.4168			1.4040	
				Qtrly BIMS score: 44.44%		2.5%	Quarterly Medicaid PDPM: 1.2909			1.4431		
				Nurse Hours per On-Site Day/Quality Incentive: 3.28		6.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3171			1.4722		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,697,775	\$2,036,037	\$0	\$433,275	\$419,216	\$0	\$696,909		\$112,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$93,224)	(\$13,922)	\$0	\$0	\$0	\$0	(\$63,011)		(\$16,291)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,696		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,291
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,678,538	\$2,022,115	\$0	\$433,275	\$419,216	\$0	\$633,898	\$57,696	\$96,047	\$16,291
8	Total Nursing Facility Days	As Filed Days = 16,539		FY22 Audited C/R Days	16,534							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,539		FY22 GL-PL Ins Rpt Days						16,534		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.49	\$122.30	\$0.00	\$26.21	\$25.35	(with L&H)	\$38.34	\$3.49	\$5.81	\$0.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4168								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.32								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.32	\$0.00	\$26.21	\$25.35		\$38.34	\$3.49	\$5.81	\$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.59	\$86.32	\$0.00	\$26.21	\$25.35		\$38.34	\$3.49	12.89 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.59	\$86.32	\$0.00	\$26.21	\$25.35	\$0.00	\$38.34	\$3.49	\$12.89	\$0.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3171								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.96	\$113.69	\$0.00	\$26.21	\$25.35	\$0.00	\$38.34	\$3.49	\$12.89	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.82	\$6.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.29	\$10.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.25	\$123.88	\$0.00	\$26.43	\$25.76	\$0.00	\$55.81	\$3.49	\$12.89	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.11									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,298,647	\$2,299,654	\$0	\$546,339	\$583,897	\$0	\$495,662		\$373,095	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$109,478)	\$0	\$0	\$0	\$0	\$0	(\$78,005)		(\$31,473)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,473
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,298,647	\$2,299,654	\$0	\$546,339	\$583,897	\$0	\$417,657	\$78,005	\$341,622	\$31,473
8	Total Nursing Facility Days	As Filed Days = 21,872 FY22 Audited C/R Days	21,872									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,872 FY22 GL-PL Ins Rpt Days								21,872		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.55	\$105.14	\$0.00	\$24.98	\$26.70	(with L&H)	\$19.10	\$3.57	\$15.62	\$1.44
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4664								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.70								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.70	\$0.00	\$24.98	\$26.70		\$19.10	\$3.57	\$15.62	\$1.44
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.88	\$71.70	\$0.00	\$24.98	\$26.70		\$19.10	\$3.57	13.39 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.88	\$71.70	\$0.00	\$24.98	\$26.70	\$0.00	\$19.10	\$3.57	\$13.39	\$1.44
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4433								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.66	\$103.48	\$0.00	\$24.98	\$26.70	\$0.00	\$19.10	\$3.57	\$13.39	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.42	\$9.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$220.08	\$112.80	\$0.00	\$25.20	\$27.11	\$0.00	\$36.57	\$3.57	\$13.39	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.24									

Quarterly PDPM Based Per Diem Rate Calculations
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Provider: COUNTRYSIDE HEALTH CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141666A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.2700			1.2700	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 2.86		Qtrly BIMS score: 37.78%		37.78%	2.5%	Quarterly Medicaid PDPM: 1.2844			1.2844	1.4431
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3100			1.3100	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,971,328	\$2,071,435	\$0	\$354,995	\$411,084	\$0	\$615,398		\$518,416	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$62,207)	\$0	\$0	\$0	\$0	\$0	(\$45,315)		(\$16,892)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$41,277		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,892
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,967,290	\$2,071,435	\$0	\$354,995	\$411,084	\$0	\$570,083	\$41,277	\$501,524	\$16,892
8	Total Nursing Facility Days	As Filed Days = 19,148 FY22 Audited C/R Days	19,148									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,148 FY22 GL-PL Ins Rpt Days								19,148		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.19	\$108.18	\$0.00	\$18.54	\$21.47	(with L&H)	\$29.77	\$2.16	\$26.19	\$0.88
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2700								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.18	\$0.00	\$18.54	\$21.47		\$29.77	\$2.16	\$26.19	\$0.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.49	\$85.18	\$0.00	\$18.54	\$21.47		\$29.77	\$2.16	7.49 (FRV)	\$0.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.49	\$85.18	\$0.00	\$18.54	\$21.47	\$0.00	\$29.77	\$2.16	\$7.49	\$0.88
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3100								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.90	\$111.59	\$0.00	\$18.54	\$21.47	\$0.00	\$29.77	\$2.16	\$7.49	\$0.88
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.67	\$118.26	\$0.00	\$18.76	\$21.88	\$0.00	\$47.24	\$2.16	\$7.49	\$0.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.68									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide		
Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC														Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.2837	1.4040	
Prvdr ID: 00141699A														Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid PDPM:	1.2766	1.4431	
PDPM Per Diem Rate Effective Date: 7/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	2.78	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.3018	1.4722	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																				
			a	b	c	d	e	f	g	g	h	i								
<u>PDPM BASED RATE CALCULATIONS</u>																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
Peer Group Standards & Efficiency Measure Limits																				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,165,336	\$6,400,805	\$0	\$1,164,136	\$1,105,666	\$0	\$1,642,446		\$852,283	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$372,681)	(\$40,495)	\$0	(\$1,065)	(\$2,033)	\$1,921	(\$225,518)		(\$105,491)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,137										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$105,609								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,013,401	\$6,360,310	\$0	\$1,163,071	\$1,103,633	\$1,921	\$1,416,928	\$115,137	\$746,792	\$105,609								
8	Total Nursing Facility Days	As Filed Days = 68,496																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 68,496																		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.87	\$92.90	\$0.00	\$16.99	\$16.15	(with L&H)	\$20.70	\$1.68	\$10.91	\$1.54								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2837																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.37																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.37	\$0.00	\$16.99	\$16.15		\$20.70	\$1.68	\$10.91	\$1.54								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.01	\$72.37	\$0.00	\$16.99	\$16.15		\$20.70	\$1.68	10.58 <i>(FRV)</i>	\$1.54								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.01	\$72.37	\$0.00	\$16.99	\$16.15	\$0.00	\$20.70	\$1.68	\$10.58	\$1.54								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3018																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$94.21																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.85	\$94.21	\$0.00	\$16.99	\$16.15	\$0.00	\$20.70	\$1.68	\$10.58	\$1.54								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$185.67	\$99.93	\$0.00	\$17.21	\$16.56	\$0.00	\$38.17	\$1.68	\$10.58	\$1.54								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.43																	

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - LAKEHAVEN, LLC Prvdr ID: 00141721A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 23.33% Nurse Hours per On-Site Day/Quality Incentive: 3.39				Base Period Overall PDPMCM: 1.5048 Quarterly Medicaid PDPM: 1.5235 Qtrly Mcaid PDPM w RUG Wght Options: 1.5547				Facility Specific: 1.5048 State-wide: 1.4040 1.5235 1.4431 1.5547 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,433,784	\$3,835,630	\$0	\$533,698	\$590,954	\$0	\$938,145		\$535,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$377,917)	(\$92,488)	\$0	\$3,505	(\$68)	(\$1,638)	(\$255,826)		(\$31,402)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$319,045		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,738
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,407,650	\$3,743,142	\$0	\$537,203	\$590,886	(\$1,638)	\$682,319	\$319,045	\$503,955	\$32,738
8	Total Nursing Facility Days	As Filed Days = 27,616 FY22 Audited C/R Days	27,616									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,616 FY22 GL-PL Ins Rpt Days								27,616		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.03	\$135.54	\$0.00	\$19.45	\$21.34	(with L&H)	\$24.71	\$11.55	\$18.25	\$1.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5048								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.07	\$0.00	\$19.45	\$21.34		\$24.71	\$11.55	\$18.25	\$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.32	\$90.07	\$0.00	\$19.45	\$21.34		\$24.71	\$11.55	10.01 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.32	\$90.07	\$0.00	\$19.45	\$21.34	\$0.00	\$24.71	\$11.55	\$10.01	\$1.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5547								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.28	\$140.03	\$0.00	\$19.45	\$21.34	\$0.00	\$24.71	\$11.55	\$10.01	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.40	\$8.40								
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	\$28.43	\$10.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.71	\$150.36	\$0.00	\$19.67	\$21.75	\$0.00	\$42.18	\$11.55	\$10.01	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.71									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: SGMHC HEALTH VILLA Pvdr ID: 00141732A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24															
			Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hours per On-Site Day/Quality Incentive: 3.16				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall PDPMCM: 1.3916 Quarterly Medicaid PDPM: 1.3509 Qtrly Mcaid PDPM w RUG Wght Options: 1.3769		1.4040	1.4431	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
Peer Group Standards & Efficiency Measure Limits															
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,279,921	\$3,532,370	\$0	\$1,334,388	\$426,047	\$811,762	\$820,624		\$354,730	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$69,308)	\$10,437	\$0	\$0	\$0	(\$7,471)	(\$55,146)		(\$17,128)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,100					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,128			
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,276,841	\$3,542,807	\$0	\$1,334,388	\$426,047	\$804,291	\$765,478	\$49,100	\$337,602	\$17,128			
8	Total Nursing Facility Days	As Filed Days = 20,949 FY22 Audited C/R Days	20,949												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,949 FY22 GL-PL Ins Rpt Days								20,949					
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$347.37	\$169.12	\$0.00	\$63.70	\$58.73	<i>(with L&H)</i>	\$36.54	\$2.34	\$16.12	\$0.82			
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3916											
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$121.53											
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$121.53	\$0.00	\$63.70	\$58.73		\$36.54	\$2.34	\$16.12	\$0.82			
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A				
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.41	\$117.25	\$0.00	\$36.63	\$33.22		\$36.54	\$2.34	34.61 <i>(FRV)</i>	\$0.82			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$261.41	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$36.54	\$2.34	\$34.61	\$0.82			
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3769											
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.44											
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$305.60	\$161.44	\$0.00	\$36.63	\$33.22	\$0.00	\$36.54	\$2.34	\$34.61	\$0.82			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.04	\$4.04											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.35	\$8.88	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$331.95	\$170.32	\$0.00	\$36.63	\$33.22	\$0.00	\$54.01	\$2.34	\$34.61	\$0.82			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$236.14												

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5239	1.4040				
Provider: THE OAKS - LIMESTONE Prvdr ID: 00141743A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5239	1.4040	1.4721	1.4431	1.5023	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,666,939	\$4,001,007	\$0	\$514,333	\$886,248	\$0	\$1,383,672		\$881,679	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$488,479)	(\$76,630)	\$0	\$0	\$10,298	\$12,624	(\$329,903)		(\$104,868)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$368,675																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$98,348														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,645,483	\$3,924,377	\$0	\$514,333	\$896,546	\$12,624	\$1,053,769	\$368,675	\$776,811	\$98,348														
8	Total Nursing Facility Days	As Filed Days = 26,432																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,432																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.26	\$148.47	\$0.00	\$19.46	\$34.40	(with L&H)	\$39.87	\$13.95	\$29.39	\$3.72														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5239																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.43																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.43	\$0.00	\$19.46	\$34.40		\$39.87	\$13.95	\$29.39	\$3.72														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$244.22	\$97.43	\$0.00	\$19.46	\$33.22		\$38.83	\$13.95	37.61 (FRV)	\$3.72														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$244.22	\$97.43	\$0.00	\$19.46	\$33.22	\$0.00	\$38.83	\$13.95	\$37.61	\$3.72														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5023																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$146.37																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$293.16	\$146.37	\$0.00	\$19.46	\$33.22	\$0.00	\$38.83	\$13.95	\$37.61	\$3.72														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.32	\$7.32																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.63	\$9.31	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$319.79	\$155.68	\$0.00	\$19.68	\$33.22	\$0.00	\$55.93	\$13.95	\$37.61	\$3.72														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.02																							

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

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Provider: SPALDING POST ACUTE LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141754A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4304	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.84%	2.5%	Quarterly Medicaid PDPM:			1.3726	1.4431
							3.31	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4005	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,896,581	\$5,664,158	\$0	\$715,940	\$660,524	\$0	\$1,351,541		\$1,504,418	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$364,085)	(\$87,375)	\$0	\$0	\$0	\$0	(\$137,521)		(\$139,189)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$207,900			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$139,189	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,879,585	\$5,576,783	\$0	\$715,940	\$660,524	\$0	\$1,214,020	\$207,900	\$1,365,229	\$139,189	
8	Total Nursing Facility Days	As Filed Days = 38,324 FY22 Audited C/R Days	38,324										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,324 FY22 GL-PL Ins Rpt Days								38,324			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.79	\$145.52	\$0.00	\$18.68	\$17.24	(with L&H)	\$31.68	\$5.42	\$35.62	\$3.63	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4304									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.73									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.73	\$0.00	\$18.68	\$17.24		\$31.68	\$5.42	\$35.62	\$3.63	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.21	\$101.73	\$0.00	\$18.68	\$17.24		\$31.68	\$5.42	9.83 (FRV)	\$3.63	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.21	\$101.73	\$0.00	\$18.68	\$17.24	\$0.00	\$31.68	\$5.42	\$9.83	\$3.63	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4005									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.47									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.95	\$142.47	\$0.00	\$18.68	\$17.24	\$0.00	\$31.68	\$5.42	\$9.83	\$3.63	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.56	\$3.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$9.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.84	\$152.26	\$0.00	\$18.90	\$17.65	\$0.00	\$49.15	\$5.42	\$9.83	\$3.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.81										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,128,702	\$2,786,996	\$0	\$464,504	\$561,741	\$0	\$971,420		\$344,041	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$10,463	(\$14,291)	\$0	\$0	\$56,611	\$62,689	(\$70,062)		(\$24,484)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,326		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,684
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,245,175	\$2,772,705	\$0	\$464,504	\$618,352	\$62,689	\$901,358	\$76,326	\$319,557	\$29,684
8	Total Nursing Facility Days	As Filed Days = 21,086 FY22 Audited C/R Days	21,086									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,086 FY22 GL-PL Ins Rpt Days								21,086		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.76	\$131.50	\$0.00	\$22.03	\$32.30	(with L&H)	\$42.75	\$3.62	\$15.15	\$1.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3956								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.22	\$0.00	\$22.03	\$32.30		\$42.75	\$3.62	\$15.15	\$1.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.21	\$94.22	\$0.00	\$22.03	\$32.30		\$38.83	\$3.62	30.80 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.21	\$94.22	\$0.00	\$22.03	\$32.30	\$0.00	\$38.83	\$3.62	\$30.80	\$1.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8469								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$174.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.00	\$174.01	\$0.00	\$22.03	\$32.30	\$0.00	\$38.83	\$3.62	\$30.80	\$1.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.35	\$4.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.70	\$8.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.31	\$13.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$334.31	\$187.59	\$0.00	\$22.25	\$32.71	\$0.00	\$55.93	\$3.62	\$30.80	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$237.91									

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

FINAL

Provider: LEGACY TRANSITIONAL CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141831A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2340	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.83%	1.0%	Quarterly Medicaid PDPM:			1.1370	1.4431
							2.99	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.1592	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,242,190	\$5,566,828	\$0	\$1,020,556	\$1,120,334	\$0	\$1,962,278		\$1,572,194	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$639,282)	\$0	\$0	\$0	\$0	\$0	(\$485,815)		(\$153,467)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$485,815			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$153,467	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,242,190	\$5,566,828	\$0	\$1,020,556	\$1,120,334	\$0	\$1,476,463	\$485,815	\$1,418,727	\$153,467	
8	Total Nursing Facility Days	As Filed Days = 61,245 FY22 Audited C/R Days	61,245										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 61,245 FY22 GL-PL Ins Rpt Days								61,245			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.55	\$90.89	\$0.00	\$16.66	\$18.29	(with L&H)	\$24.11	\$7.93	\$23.16	\$2.51	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2340									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.66									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.66	\$0.00	\$16.66	\$18.29		\$24.11	\$7.93	\$23.16	\$2.51	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.16	\$73.66	\$0.00	\$16.66	\$18.29		\$24.11	\$7.93	12.00 (FRV)	\$2.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.16	\$73.66	\$0.00	\$16.66	\$18.29	\$0.00	\$24.11	\$7.93	\$12.00	\$2.51	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1592									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$85.39									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$85.39	\$0.00	\$16.66	\$18.29	\$0.00	\$24.11	\$7.93	\$12.00	\$2.51	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$3.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$188.93	\$89.33	\$0.00	\$16.88	\$18.70	\$0.00	\$41.58	\$7.93	\$12.00	\$2.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.87										

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

FINAL

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141842A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4538			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 37.70%		37.70%	2.5%	Quarterly Medicaid PDPM: 1.4069			1.4431	
						3.03	3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4349			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,446,507	\$5,717,236	\$0	\$1,135,978	\$1,585,803	\$0	\$3,700,452		\$307,038	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,061,702)	(\$13,719)	\$0	\$0	(\$1,261)	(\$1,695)	(\$1,044,210)		(\$817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$734,885		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$817
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$12,120,507	\$5,703,517	\$0	\$1,135,978	\$1,584,542	(\$1,695)	\$2,656,242	\$734,885	\$306,221	\$817
8	Total Nursing Facility Days	As Filed Days = 51,397 FY22 Audited C/R Days	51,397									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 51,397 FY22 GL-PL Ins Rpt Days								51,397		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.83	\$110.97	\$0.00	\$22.10	\$30.80	(with L&H)	\$51.68	\$14.30	\$5.96	\$0.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4538								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.33	\$0.00	\$22.10	\$30.80		\$51.68	\$14.30	\$5.96	\$0.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.63	\$76.33	\$0.00	\$22.10	\$30.80		\$38.83	\$14.30	13.25 (FRV)	\$0.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.63	\$76.33	\$0.00	\$22.10	\$30.80	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4349								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.83	\$109.53	\$0.00	\$22.10	\$30.80	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
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	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.02	\$116.09	\$0.00	\$22.32	\$31.21	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.02									

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

FINAL

Provider: MCRAE MANOR NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141853A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.2529			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.72		Qtrly BIMS score: 24.66%		24.66%	1.0%	Quarterly Medicaid PDPM: 1.7719			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.8086			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,299,669	\$3,640,104	\$0	\$654,703	\$758,058	\$0	\$1,151,282		\$95,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$433,646)	(\$9,960)	\$0	\$0	\$0	\$0	(\$352,375)		(\$71,311)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$324,827		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$71,311
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,262,161	\$3,630,144	\$0	\$654,703	\$758,058	\$0	\$798,907	\$324,827	\$24,211	\$71,311
8	Total Nursing Facility Days	As Filed Days = 29,843 FY22 Audited C/R Days	29,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,843 FY22 GL-PL Ins Rpt Days								29,843		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.83	\$121.64	\$0.00	\$21.94	\$25.40	(with L&H)	\$26.77	\$10.88	\$0.81	\$2.39
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2529								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$21.94	\$25.40		\$26.77	\$10.88	\$0.81	\$2.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.65	\$97.09	\$0.00	\$21.94	\$25.40		\$26.77	\$10.88	12.18 (FRV)	\$2.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.65	\$97.09	\$0.00	\$21.94	\$25.40	\$0.00	\$26.77	\$10.88	\$12.18	\$2.39
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8086								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$175.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.16	\$175.60	\$0.00	\$21.94	\$25.40	\$0.00	\$26.77	\$10.88	\$12.18	\$2.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.76	\$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.78	\$8.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.17	\$11.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$304.33	\$186.67	\$0.00	\$22.16	\$25.81	\$0.00	\$44.24	\$10.88	\$12.18	\$2.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.42									

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

FINAL

Provider: MEADOWBROOK HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141864A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5122	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.74%	2.5%	Quarterly Medicaid PDPM:			1.8174	1.4431
							4.18	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.8553	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,000,122	\$3,418,452	\$0	\$659,014	\$767,936	\$0	\$2,099,739		\$2,054,981	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$346,767)	(\$219,895)	\$0	(\$1,024)	\$0	\$0	(\$3,358)		(\$122,490)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$153,838			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$122,490	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,929,683	\$3,198,557	\$0	\$657,990	\$767,936	\$0	\$2,096,381	\$153,838	\$1,932,491	\$122,490	
8	Total Nursing Facility Days	As Filed Days = 37,040 FY22 Audited C/R Days	37,040										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,040 FY22 GL-PL Ins Rpt Days								37,040			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.07	\$86.35	\$0.00	\$17.76	\$20.73	(with L&H)	\$56.60	\$4.15	\$52.17	\$3.31	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5122									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$57.10									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.10	\$0.00	\$17.76	\$20.73		\$56.60	\$4.15	\$52.17	\$3.31	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.14	\$57.10	\$0.00	\$17.76	\$20.73		\$38.83	\$4.15	17.26 (FRV)	\$3.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.14	\$57.10	\$0.00	\$17.76	\$20.73	\$0.00	\$38.83	\$4.15	\$17.26	\$3.31	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8553									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$105.94									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.98	\$105.94	\$0.00	\$17.76	\$20.73	\$0.00	\$38.83	\$4.15	\$17.26	\$3.31	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.07	\$112.30	\$0.00	\$17.98	\$21.14	\$0.00	\$55.93	\$4.15	\$17.26	\$3.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.23										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.6688	1.4040	Qtrly BIMS score	29.41%	1.0%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,581,875	\$1,919,095	\$0	\$375,113	\$412,944	\$0	\$706,330		\$2,168,393	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$146,246)	\$0	\$0	\$0	\$0	\$0	(\$123,810)		(\$22,436)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$123,810											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$22,436
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,581,875	\$1,919,095	\$0	\$375,113	\$412,944	\$0	\$582,520	\$123,810	\$2,145,957	\$22,436									
8	Total Nursing Facility Days	As Filed Days = 7,086 FY22 Audited C/R Days	7,086																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 7,086 FY22 GL-PL Ins Rpt Days								7,086											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$787.74	\$270.83	\$0.00	\$52.94	\$58.28	(with L&H)	\$82.21	\$17.47	\$302.84	\$3.17									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6688																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$162.29																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$162.29	\$0.00	\$52.94	\$58.28		\$82.21	\$17.47	\$302.84	\$3.17									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$284.16	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$17.47	43.87 (FRV)	\$3.17									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$284.16	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$17.47	\$43.87	\$3.17									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3347																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.49																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$323.40	\$156.49	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$17.47	\$43.87	\$3.17									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.56	\$1.56																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$6.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$346.75	\$162.74	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$17.47	\$43.87	\$3.17									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$247.24																		

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,040,952	\$7,273,700	\$0	\$930,451	\$1,306,730	\$0	\$1,962,458		\$567,613	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,377,406)	(\$397,317)	\$0	\$5,444	(\$33,413)	(\$40,616)	(\$806,138)		(\$105,366)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$808,249		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$92,730
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,564,525	\$6,876,383	\$0	\$935,895	\$1,273,317	(\$40,616)	\$1,156,320	\$808,249	\$462,247	\$92,730
8	Total Nursing Facility Days As Filed Days = 52,661	FY22 Audited C/R Days	49,737									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,661	FY22 GL-PL Ins Rpt Days								49,737		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.50	\$138.25	\$0.00	\$18.82	\$24.78	(with L&H)	\$23.25	\$16.25	\$9.29	\$1.86
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4856								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.06	\$0.00	\$18.82	\$24.78		\$23.25	\$16.25	\$9.29	\$1.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.49	\$93.06	\$0.00	\$18.82	\$24.78		\$23.25	\$16.25	9.47 (FRV)	\$1.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.49	\$93.06	\$0.00	\$18.82	\$24.78	\$0.00	\$23.25	\$16.25	\$9.47	\$1.86
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6837								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.12	\$156.69	\$0.00	\$18.82	\$24.78	\$0.00	\$23.25	\$16.25	\$9.47	\$1.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.83	\$7.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.03	\$9.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$279.15	\$166.62	\$0.00	\$19.04	\$25.19	\$0.00	\$40.72	\$16.25	\$9.47	\$1.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.54									

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

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Provider: MEMORIAL MANOR NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141919A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3459			1.3459	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.67		Qtrly BIMS score: 24.53%		24.53%	1.0%	Quarterly Medicaid PDPM: 1.3264			1.3264	1.4431
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3525			1.3525	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,364,113	\$3,410,256	\$0	\$1,188,197	\$349,551	\$509,985	\$680,633		\$225,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$93,223)	(\$2,605)	\$0	\$1,295	\$75	\$45	(\$31,009)		(\$61,024)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$21,692		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,024
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,353,606	\$3,407,651	\$0	\$1,189,492	\$349,626	\$510,030	\$649,624	\$21,692	\$164,467	\$61,024
8	Total Nursing Facility Days	As Filed Days = 26,863 FY22 Audited C/R Days	26,832									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,863 FY22 GL-PL Ins Rpt Days								26,832		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.79	\$127.00	\$0.00	\$44.33	\$32.04	(with L&H)	\$24.21	\$0.81	\$6.13	\$2.27
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3459								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.36	\$0.00	\$44.33	\$32.04		\$24.21	\$0.81	\$6.13	\$2.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.48	\$94.36	\$0.00	\$36.63	\$32.04		\$24.21	\$0.81	12.16 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.48	\$94.36	\$0.00	\$36.63	\$32.04	\$0.00	\$24.21	\$0.81	\$12.16	\$2.27
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3525								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.74	\$127.62	\$0.00	\$36.63	\$32.04	\$0.00	\$24.21	\$0.81	\$12.16	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$259.26	\$133.26	\$0.00	\$36.63	\$32.45	\$0.00	\$41.68	\$0.81	\$12.16	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.62									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data									
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	Facility Specific	State-wide			
Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME Prvdr ID: 00141952A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	Facility Specific	State-wide			
													N/A	0.00%	18.57%	3.24	3.0%	1.3151	1.4040	1.3010	1.4431	1.3270	1.4722		
			a	b	c	d	e	f	g	g	h	i													
<u>PDPM BASED RATE CALCULATIONS</u>																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
Peer Group Standards & Efficiency Measure Limits																									
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,774,425	\$3,586,929	\$0	\$553,980	\$289,046	\$202,673	\$914,388		\$227,409	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$50,933)	\$0	\$0	\$2,300	\$3,164	\$2,197	(\$38,453)		(\$20,141)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$47,772															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,585													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,779,849	\$3,586,929	\$0	\$556,280	\$292,210	\$204,870	\$875,935	\$47,772	\$207,268	\$8,585													
8	Total Nursing Facility Days	As Filed Days = 21,032																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,032																							
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.81	\$170.55	\$0.00	\$26.45	\$23.63	(with L&H)	\$41.65	\$2.27	\$9.85	\$0.41													
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3151																					
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$129.69																					
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$129.69	\$0.00	\$26.45	\$23.63		\$41.65	\$2.27	\$9.85	\$0.41													
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A														
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.18	\$117.25	\$0.00	\$26.45	\$23.63		\$38.83	\$2.27	14.34 (FRV)	\$0.41													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.18	\$117.25	\$0.00	\$26.45	\$23.63	\$0.00	\$38.83	\$2.27	\$14.34	\$0.41													
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3270																					
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$155.59																					
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.52	\$155.59	\$0.00	\$26.45	\$23.63	\$0.00	\$38.83	\$2.27	\$14.34	\$0.41													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00														
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00													
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$283.92	\$160.26	\$0.00	\$26.67	\$24.04	\$0.00	\$55.93	\$2.27	\$14.34	\$0.41													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.12																						

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

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Provider: AZALEA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141963A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2783	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.48%	2.5%	Quarterly Medicaid PDPM:			1.3000	1.4431
							3.35	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3262	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,214,971	\$2,206,242	\$0	\$524,246	\$392,482	\$0	\$836,831		\$255,170	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$152,868)	(\$194)	\$0	(\$33,239)	(\$582)	(\$798)	(\$70,046)		(\$48,009)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$92,728			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,840	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,202,671	\$2,206,048	\$0	\$491,007	\$391,900	(\$798)	\$766,785	\$92,728	\$207,161	\$47,840	
8	Total Nursing Facility Days	As Filed Days = 19,026		19,022									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,026								19,022			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.92	\$115.97	\$0.00	\$25.81	\$20.56	(with L&H)	\$40.31	\$4.87	\$10.89	\$2.51	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2783									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.72									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.72	\$0.00	\$25.81	\$20.56		\$40.31	\$4.87	\$10.89	\$2.51	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.03	\$90.72	\$0.00	\$25.81	\$20.56		\$38.83	\$4.87	12.73 (FRV)	\$2.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.03	\$90.72	\$0.00	\$25.81	\$20.56	\$0.00	\$38.83	\$4.87	\$12.73	\$2.51	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3262									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.31									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.62	\$120.31	\$0.00	\$25.81	\$20.56	\$0.00	\$38.83	\$4.87	\$12.73	\$2.51	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.22	\$7.22									
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	\$28.49	\$10.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.11	\$131.07	\$0.00	\$26.03	\$20.97	\$0.00	\$55.93	\$4.87	\$12.73	\$2.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.76										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance					
			a	b	c	d	e	f	g	g	h	i			
Provider: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24															
			Growth Allowance: N/A Qtrly BIMS score: 53.16% Nurse Hours per On-Site Day/Quality Incentive: 2.59				Add-on Percent: 0.00% 5.5% 3.0%				Facility Score: N/A 53.16% 2.59		Facility Specific: 1.3570 1.2662 1.2920		State-wide: 1.4040 1.4431 1.4722
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,570,273	\$2,839,218	\$0	\$604,883	\$653,381	\$0	\$1,067,928		\$404,863	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$83,438)	\$0	\$0	\$0	\$0	\$0	(\$65,708)		(\$17,730)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$79,164					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,730			
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,583,729	\$2,839,218	\$0	\$604,883	\$653,381	\$0	\$1,002,220	\$79,164	\$387,133	\$17,730			
8	Total Nursing Facility Days	As Filed Days = 33,239 FY22 Audited C/R Days	33,239												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,239 FY22 GL-PL Ins Rpt Days								33,239					
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.99	\$85.42	\$0.00	\$18.20	\$19.66	(with L&H)	\$30.15	\$2.38	\$11.65	\$0.53			
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3570											
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.95											
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.95	\$0.00	\$18.20	\$19.66		\$30.15	\$2.38	\$11.65	\$0.53			
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A				
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.54	\$62.95	\$0.00	\$18.20	\$19.66		\$30.15	\$2.38	9.67 (FRV)	\$0.53			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.54	\$62.95	\$0.00	\$18.20	\$19.66	\$0.00	\$30.15	\$2.38	\$9.67	\$0.53			
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2920											
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$81.33											
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.92	\$81.33	\$0.00	\$18.20	\$19.66	\$0.00	\$30.15	\$2.38	\$9.67	\$0.53			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.47	\$4.47											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$187.46	\$88.77	\$0.00	\$18.42	\$20.07	\$0.00	\$47.62	\$2.38	\$9.67	\$0.53			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.77												

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2753	1.4040				
Provider: MAGNOLIA MANOR OF MIDWAY Prvdr ID: 00141985A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2753	1.4040	1.3552	1.4431	1.3827	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,855,872	\$3,365,990	\$0	\$595,981	\$648,094	\$0	\$1,399,926		\$845,881	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$435,603)	(\$1,482)	\$0	\$0	\$0	\$0	(\$294,456)		(\$139,665)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$295,938																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$139,665														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,855,872	\$3,364,508	\$0	\$595,981	\$648,094	\$0	\$1,105,470	\$295,938	\$706,216	\$139,665														
8	Total Nursing Facility Days	As Filed Days = 23,816																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,816																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$287.86	\$141.27	\$0.00	\$25.02	\$27.21	(with L&H)	\$46.42	\$12.43	\$29.65	\$5.86														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2753																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$110.77																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$110.77	\$0.00	\$25.02	\$27.21		\$46.42	\$12.43	\$29.65	\$5.86														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.68	\$110.77	\$0.00	\$25.02	\$27.21		\$38.83	\$12.43	16.56	\$5.86														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.68	\$110.77	\$0.00	\$25.02	\$27.21	\$0.00	\$38.83	\$12.43	\$16.56	\$5.86														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3827																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$153.16																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.07	\$153.16	\$0.00	\$25.02	\$27.21	\$0.00	\$38.83	\$12.43	\$16.56	\$5.86														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$303.45	\$159.81	\$0.00	\$25.24	\$27.62	\$0.00	\$55.93	\$12.43	\$16.56	\$5.86														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.76																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	2.9641	1.4040				
Provider: MILLER NURSING HOME Prvdr ID: 00141996A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	2.9641	1.4040	2.9004	1.4431	2.9586	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,692,072	\$4,162,310	\$0	\$997,681	\$361,574	\$505,030	\$3,638,974		\$1,026,503	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$175,754)	\$0	\$0	\$0	(\$12,714)	(\$17,759)	(\$108,201)		(\$37,080)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$108,201																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$67,976							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,692,495	\$4,162,310	\$0	\$997,681	\$348,860	\$487,271	\$3,530,773	\$108,201	\$989,423	\$67,976														
8	Total Nursing Facility Days	As Filed Days = 27,240																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,240																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$392.53	\$152.80	\$0.00	\$36.63	\$30.69	(with L&H)	\$129.62	\$3.97	\$36.32	\$2.50														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		2.9641																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$51.55																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.55	\$0.00	\$36.63	\$30.69		\$129.62	\$3.97	\$36.32	\$2.50														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.16	\$51.55	\$0.00	\$36.63	\$30.69		\$38.83	\$3.97	24.99	\$2.50														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.16	\$51.55	\$0.00	\$36.63	\$30.69	\$0.00	\$38.83	\$3.97	\$24.99	\$2.50														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.9586																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$152.52																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.13	\$152.52	\$0.00	\$36.63	\$30.69	\$0.00	\$38.83	\$3.97	\$24.99	\$2.50														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00														
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.39	\$8.39																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58																						
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	\$31.01	\$13.50	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$321.14	\$166.02	\$0.00	\$36.63	\$31.10	\$0.00	\$55.93	\$3.97	\$24.99	\$2.50														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$228.03																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4683	1.4040
Provider: NEW HORIZONS LIMESTONE Prvdr ID: 00142007A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	10.17%	0.0%	3.52	2.0%	1.3458	1.4431	1.3731	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,377,146	\$6,260,083	\$0	\$1,305,774	\$654,250	\$923,684	\$1,588,377		\$644,978	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$115,687)	\$0	\$0	\$0	\$0	\$0	(\$109,147)		(\$6,540)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$29,468												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,540										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,297,467	\$6,260,083	\$0	\$1,305,774	\$654,250	\$923,684	\$1,479,230	\$29,468	\$638,438	\$6,540										
8	Total Nursing Facility Days	As Filed Days = 29,403 FY22 Audited C/R Days	29,403																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,403 FY22 GL-PL Ins Rpt Days								29,403												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$384.23	\$212.91	\$0.00	\$44.41	\$53.67	<i>(with L&H)</i>	\$50.31	\$1.00	\$21.71	\$0.22										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4683																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$145.01																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$145.01	\$0.00	\$44.41	\$53.67		\$50.31	\$1.00	\$21.71	\$0.22										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.44	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.00	13.29 <i>(FRV)</i>	\$0.22										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$240.44	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.00	\$13.29	\$0.22										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3731																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.00																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.19	\$161.00	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.00	\$13.29	\$0.22										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$20.32	\$3.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$304.51	\$164.22	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.00	\$13.29	\$0.22										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.56																			

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: ARCHBOLD LIVING CAMILLA Prvdr ID: 00142018A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 25.58% Nurse Hours per On-Site Day/Quality Incentive: 3.77				Base Period Overall PDPMCM: 1.3413 Quarterly Medicaid PDPM: 1.2819 Qtrly Mcaid PDPM w RUG Wght Options: 1.3077				Facility Specific: 1.3413 1.2819 1.3077	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,117,577	\$2,652,134	\$0	\$594,706	\$340,274	\$460,001	\$902,697		\$167,765	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$26,737)	\$0	\$0	\$0	\$0	\$0	(\$20,232)		(\$6,505)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$20,232		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,505
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,117,577	\$2,652,134	\$0	\$594,706	\$340,274	\$460,001	\$882,465	\$20,232	\$161,260	\$6,505
8	Total Nursing Facility Days	As Filed Days = 15,516 FY22 Audited C/R Days	15,516									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,516 FY22 GL-PL Ins Rpt Days								15,516		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$329.82	\$170.93	\$0.00	\$38.33	\$51.58	(with L&H)	\$56.87	\$1.30	\$10.39	\$0.42
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3413								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$127.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.44	\$0.00	\$38.33	\$51.58		\$56.87	\$1.30	\$10.39	\$0.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.40	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.30	13.75 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$241.40	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.30	\$13.75	\$0.42
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3077								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$153.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.48	\$153.33	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.30	\$13.75	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.60	\$4.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$6.13	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$300.71	\$159.46	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.30	\$13.75	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.71									

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

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Provider: MONTEZUMA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142062A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3512			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 40.68%		Nurse Hours per On-Site Day/Quality Incentive: 3.82		40.68%	2.5%	Quarterly Medicaid PDPM: 1.3519			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3783			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,606,248	\$2,486,284	\$0	\$483,399	\$518,135	\$0	\$946,073		\$172,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$86,527)	\$0	\$0	\$0	\$0	\$0	(\$73,277)		(\$13,250)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,250
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,610,971	\$2,486,284	\$0	\$483,399	\$518,135	\$0	\$872,796	\$78,000	\$159,107	\$13,250
8	Total Nursing Facility Days	As Filed Days = 18,471 FY22 Audited C/R Days	18,471									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,471 FY22 GL-PL Ins Rpt Days								18,471		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.62	\$134.60	\$0.00	\$26.17	\$28.05	(with L&H)	\$47.25	\$4.22	\$8.61	\$0.72
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3512								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$26.17	\$28.05		\$47.25	\$4.22	\$8.61	\$0.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.99	\$99.62	\$0.00	\$26.17	\$28.05		\$38.83	\$4.22	14.38 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.99	\$99.62	\$0.00	\$26.17	\$28.05	\$0.00	\$38.83	\$4.22	\$14.38	\$0.72
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3783								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.31								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.68	\$137.31	\$0.00	\$26.17	\$28.05	\$0.00	\$38.83	\$4.22	\$14.38	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.43	\$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.87	\$6.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.56	\$10.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$278.24	\$148.14	\$0.00	\$26.39	\$28.46	\$0.00	\$55.93	\$4.22	\$14.38	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.86									

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

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Provider: AVALON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142084A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3566	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.86%	2.5%	Quarterly Medicaid PDPM:			1.1996	1.4431
							3.60	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2235	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,680,037	\$3,123,551	\$0	\$494,029	\$649,601	\$0	\$1,066,467		\$346,389	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$79,905)	\$0	\$0	\$0	\$0	\$0	(\$67,223)		(\$12,682)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$70,200			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,682	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,683,014	\$3,123,551	\$0	\$494,029	\$649,601	\$0	\$999,244	\$70,200	\$333,707	\$12,682	
8	Total Nursing Facility Days	As Filed Days = 21,659 FY22 Audited C/R Days	21,659										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,659 FY22 GL-PL Ins Rpt Days								21,659			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.39	\$144.21	\$0.00	\$22.81	\$29.99	(with L&H)	\$46.14	\$3.24	\$15.41	\$0.59	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3566									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.30									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.30	\$0.00	\$22.81	\$29.99		\$46.14	\$3.24	\$15.41	\$0.59	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.34	\$106.30	\$0.00	\$22.81	\$29.99		\$38.83	\$3.24	12.58 (FRV)	\$0.59	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.34	\$106.30	\$0.00	\$22.81	\$29.99	\$0.00	\$38.83	\$3.24	\$12.58	\$0.59	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2235									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.06									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.10	\$130.06	\$0.00	\$22.81	\$29.99	\$0.00	\$38.83	\$3.24	\$12.58	\$0.59	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.50	\$6.50									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.01	\$10.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.11	\$140.34	\$0.00	\$23.03	\$30.40	\$0.00	\$55.93	\$3.24	\$12.58	\$0.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.76										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide
Provider: PRUITTHEALTH - MOULTRIE Prvdr ID: 00142095A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	22.81%	3.18	N/A	1.4046	1.4040	0.00%	1.7237	1.4431	4.0%	1.7588	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>													a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
	Peer Group Standards & Efficiency Measure Limits																							
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
	Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,174,907	\$2,086,087	\$0	\$355,098	\$462,620	\$0	\$853,501		\$417,601	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$307,635)	(\$21,849)	\$0	\$2,076	\$1,217	(\$964)	(\$236,635)		(\$51,480)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$241,178														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,333												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,147,783	\$2,064,238	\$0	\$357,174	\$463,837	(\$964)	\$616,866	\$241,178	\$366,121	\$39,333												
8	Total Nursing Facility Days	As Filed Days = 20,698 FY22 Audited C/R Days	20,698																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,698 FY22 GL-PL Ins Rpt Days								20,698														
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.39	\$99.73	\$0.00	\$17.26	\$22.36	<i>(with L&H)</i>	\$29.80	\$11.65	\$17.69	\$1.90												
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4046																				
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.00																				
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.00	\$0.00	\$17.26	\$22.36		\$29.80	\$11.65	\$17.69	\$1.90												
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A													
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.49	\$71.00	\$0.00	\$17.26	\$22.36		\$29.80	\$11.65	20.52 <i>(FRV)</i>	\$1.90												
	Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.49	\$71.00	\$0.00	\$17.26	\$22.36	\$0.00	\$29.80	\$11.65	\$20.52	\$1.90												
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7588																				
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.87																				
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.36	\$124.87	\$0.00	\$17.26	\$22.36	\$0.00	\$29.80	\$11.65	\$20.52	\$1.90												
	Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.99	\$4.99																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.23	\$131.64	\$0.00	\$17.48	\$22.77	\$0.00	\$47.27	\$11.65	\$20.52	\$1.90												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.10																					

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

FINAL

Provider: RIVER BROOK HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142106A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3008			1.3008	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 43.75%		Qtrly BIMS score: 43.75%		43.75%	2.5%	Quarterly Medicaid PDPM: 1.1798			1.1798	1.4431
		Nurse Hours per On-Site Day/Quality Incentive: 2.92		Nurse Hours per On-Site Day/Quality Incentive: 2.92		2.92	2.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.2028			1.2028	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,961,699	\$2,812,745	\$0	\$489,600	\$427,007	\$0	\$725,461		\$506,886	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$127,748)	\$0	\$0	\$0	\$0	\$0	(\$98,554)		(\$29,194)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$59,235		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,194
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,922,380	\$2,812,745	\$0	\$489,600	\$427,007	\$0	\$626,907	\$59,235	\$477,692	\$29,194
8	Total Nursing Facility Days	As Filed Days = 26,264 FY22 Audited C/R Days	26,264									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,264 FY22 GL-PL Ins Rpt Days								26,264		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.43	\$107.10	\$0.00	\$18.64	\$16.26	(with L&H)	\$23.87	\$2.26	\$18.19	\$1.11
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3008								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$18.64	\$16.26		\$23.87	\$2.26	\$18.19	\$1.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.08	\$82.33	\$0.00	\$18.64	\$16.26		\$23.87	\$2.26	8.61 (FRV)	\$1.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.08	\$82.33	\$0.00	\$18.64	\$16.26	\$0.00	\$23.87	\$2.26	\$8.61	\$1.11
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2028								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$99.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.78	\$99.03	\$0.00	\$18.64	\$16.26	\$0.00	\$23.87	\$2.26	\$8.61	\$1.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$192.87	\$104.02	\$0.00	\$18.86	\$16.67	\$0.00	\$41.34	\$2.26	\$8.61	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.83									

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

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Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142117A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3704			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 4.81		Qtrly BIMS score: 41.82%		41.82%	2.5%	Quarterly Medicaid PDPM: 1.3937			1.4431	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4215			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$15,607,958	\$9,039,273	\$0	\$1,231,153	\$1,615,069	\$0	\$1,851,181		\$1,871,282	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$336,833)	\$0	\$0	\$0	\$0	\$0	(\$294,785)		(\$42,048)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,785		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$42,048
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$15,607,958	\$9,039,273	\$0	\$1,231,153	\$1,615,069	\$0	\$1,556,396	\$294,785	\$1,829,234	\$42,048
8	Total Nursing Facility Days	As Filed Days = 43,973 FY22 Audited C/R Days	43,973									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,973 FY22 GL-PL Ins Rpt Days								43,973		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$354.94	\$205.56	\$0.00	\$28.00	\$36.73	(with L&H)	\$35.39	\$6.70	\$41.60	\$0.96
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3704								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$150.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$150.00	\$0.00	\$28.00	\$36.73		\$35.39	\$6.70	\$41.60	\$0.96
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.64	\$117.25	\$0.00	\$28.00	\$33.22		\$35.39	\$6.70	40.12 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$261.64	\$117.25	\$0.00	\$28.00	\$33.22	\$0.00	\$35.39	\$6.70	\$40.12	\$0.96
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4215								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$166.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$311.06	\$166.67	\$0.00	\$28.00	\$33.22	\$0.00	\$35.39	\$6.70	\$40.12	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.17	\$4.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.76	\$9.17	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$320.82	\$175.84	\$0.00	\$28.22	\$33.22	\$0.00	\$35.76	\$6.70	\$40.12	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$240.62									

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

FINAL

Provider: SUMMERHILL ELDERLIVING HOME & CARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142139A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2805	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	41.38%	2.5%	Quarterly Medicaid PDPM:			1.5046	1.4431
							4.38	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5349	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,610,876	\$8,618,215	\$0	\$1,507,987	\$1,524,267	\$0	\$1,663,329		\$297,078	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$321,926)	\$0	\$0	\$0	\$0	\$134	(\$208,227)		(\$113,833)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$203,152			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$113,833	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,605,935	\$8,618,215	\$0	\$1,507,987	\$1,524,267	\$134	\$1,455,102	\$203,152	\$183,245	\$113,833	
8	Total Nursing Facility Days	As Filed Days = 50,111											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,111								50,111			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.51	\$171.98	\$0.00	\$30.09	\$30.42	(with L&H)	\$29.04	\$4.05	\$3.66	\$2.27	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2805									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.30									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$134.30	\$0.00	\$30.09	\$30.42		\$29.04	\$4.05	\$3.66	\$2.27	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.18	\$117.25	\$0.00	\$30.09	\$30.42		\$29.04	\$4.05	19.06 (FRV)	\$2.27	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$232.18	\$117.25	\$0.00	\$30.09	\$30.42	\$0.00	\$29.04	\$4.05	\$19.06	\$2.27	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5349									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$179.97									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$294.90	\$179.97	\$0.00	\$30.09	\$30.42	\$0.00	\$29.04	\$4.05	\$19.06	\$2.27	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.98	\$0.00	\$0.00	\$0.20	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.50	\$4.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$10.80	\$10.80									
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	\$33.38	\$15.30	\$0.00	\$0.20	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$328.28	\$195.27	\$0.00	\$30.29	\$30.83	\$0.00	\$46.51	\$4.05	\$19.06	\$2.27	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$233.39										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,149,410	\$2,253,916	\$0	\$493,761	\$451,012	\$0	\$785,089		\$165,632	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$121,655)	\$0	\$0	\$0	\$800	(\$2,622)	(\$82,593)		(\$37,240)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,373
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,136,888	\$2,253,916	\$0	\$493,761	\$451,812	(\$2,622)	\$702,496	\$71,760	\$128,392	\$37,373
8	Total Nursing Facility Days	As Filed Days = 20,912 FY22 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,912 FY22 GL-PL Ins Rpt Days								20,912		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.82	\$107.78	\$0.00	\$23.61	\$21.48	(with L&H)	\$33.59	\$3.43	\$6.14	\$1.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2599								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.55	\$0.00	\$23.61	\$21.48		\$33.59	\$3.43	\$6.14	\$1.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.68	\$85.55	\$0.00	\$23.61	\$21.48		\$33.59	\$3.43	9.23 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.68	\$85.55	\$0.00	\$23.61	\$21.48	\$0.00	\$33.59	\$3.43	\$9.23	\$1.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3351								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.35	\$114.22	\$0.00	\$23.61	\$21.48	\$0.00	\$33.59	\$3.43	\$9.23	\$1.79
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$233.41	\$122.18	\$0.00	\$23.83	\$21.89	\$0.00	\$51.06	\$3.43	\$9.23	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.23									

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

FINAL

Provider: NURSE CARE OF BUCKHEAD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142183A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4459			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 22.45%		22.45%	1.0%	Quarterly Medicaid PDPM: 1.3118			1.4431	
				Qtrly Mcaid PDPM w RUG Wght Options: 1.3378		3.28	2.0%				1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$17,977,973	\$9,597,690	\$0	\$1,194,973	\$1,368,655	\$0	\$2,785,511		\$3,031,144	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$865,366)	\$0	\$0	\$0	\$0	\$0	(\$558,603)		(\$306,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$558,603		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$306,763
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$17,977,973	\$9,597,690	\$0	\$1,194,973	\$1,368,655	\$0	\$2,226,908	\$558,603	\$2,724,381	\$306,763
8	Total Nursing Facility Days	As Filed Days = 67,385 FY22 Audited C/R Days	67,385									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 67,385 FY22 GL-PL Ins Rpt Days								67,385		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.79	\$142.43	\$0.00	\$17.73	\$20.31	(with L&H)	\$33.05	\$8.29	\$40.43	\$4.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4459								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.51								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.51	\$0.00	\$17.73	\$20.31		\$33.05	\$8.29	\$40.43	\$4.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.67	\$98.51	\$0.00	\$17.73	\$20.31		\$33.05	\$8.29	13.23 (FRV)	\$4.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.67	\$98.51	\$0.00	\$17.73	\$20.31	\$0.00	\$33.05	\$8.29	\$13.23	\$4.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3378								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.95	\$131.79	\$0.00	\$17.73	\$20.31	\$0.00	\$33.05	\$8.29	\$13.23	\$4.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.54	\$136.28	\$0.00	\$17.95	\$20.72	\$0.00	\$50.52	\$8.29	\$13.23	\$4.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.83									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PINWOOD NURSING CENTER Prvdr ID: 00142205A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 28.81% Nurse Hours per On-Site Day/Quality Incentive: 2.26				Base Period Overall PDPMCM: 1.0893 Quarterly Medicaid PDPM: 1.0725 Qtrly Mcaid PDPM w RUG Wght Options: 1.0936				Facility Specific: 1.0893 State-wide: 1.4040 1.0725 1.4431 1.0936 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,413,305	\$1,215,132	\$0	\$306,451	\$484,387	\$0	\$875,569		\$531,766	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$155,312)	\$0	\$0	\$0	\$0	\$0	(\$95,558)		(\$59,754)	
			As Filed FY22 GL/PL Rpt									
			As Filed FY22 C/R									
7	As Filed Cost Center Costs (GL/PL)	FY22 Audited C/R	\$3,413,305	\$1,215,132	\$0	\$306,451	\$484,387	\$0	\$780,011	\$95,558	\$472,012	\$59,754
8	As Filed Cost Center Costs (Taxes and Insurance)	FY22 Audited C/R										
9	Cost Center Costs After Audit Adjustments	FY22 Audited C/R Days		17,787								
10	Total Nursing Facility Days	As Filed Days = 17,787										
11	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,787								17,787		
12	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.90	\$68.32	\$0.00	\$17.23	\$27.23	(with L&H)	\$43.85	\$5.37	\$26.54	\$3.36
13	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.0893								
14	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.72	\$0.00	\$17.23	\$27.23		\$43.85	\$5.37	\$26.54	\$3.36
15	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.72	\$0.00	\$17.23	\$27.23		\$43.85	\$5.37	\$26.54	\$3.36
16	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
17	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.88	\$62.72	\$0.00	\$17.23	\$27.23		\$38.83	\$5.37	9.14 (FRV)	\$3.36
Quarterly Per Diem Rate Prior to Add-ons												
18	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.88	\$62.72	\$0.00	\$17.23	\$27.23	\$0.00	\$38.83	\$5.37	\$9.14	\$3.36
20	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0936								
21	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$68.59								
22	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.75	\$68.59	\$0.00	\$17.23	\$27.23	\$0.00	\$38.83	\$5.37	\$9.14	\$3.36
Quarterly Per Diem Add-on Amounts												
23	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	
24	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
25	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37								
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.32	\$2.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
28	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$190.07	\$71.18	\$0.00	\$17.45	\$27.64	\$0.00	\$55.93	\$5.37	\$9.14	\$3.36
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.73									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,789,458	\$5,557,068	\$0	\$1,035,426	\$1,070,020	\$0	\$1,979,374		\$1,147,570	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$377,551)	\$0	\$0	\$0	\$0	\$0	(\$330,635)		(\$46,916)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,780		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,916
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,576,603	\$5,557,068	\$0	\$1,035,426	\$1,070,020	\$0	\$1,648,739	\$117,780	\$1,100,654	\$46,916
8	Total Nursing Facility Days As Filed Days = 49,464	FY22 Audited C/R Days	49,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,464	FY22 GL-PL Ins Rpt Days								49,464		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.82	\$112.35	\$0.00	\$20.93	\$21.63	(with L&H)	\$33.33	\$2.38	\$22.25	\$0.95
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3099								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.77	\$0.00	\$20.93	\$21.63		\$33.33	\$2.38	\$22.25	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.34	\$85.77	\$0.00	\$20.93	\$21.63		\$33.33	\$2.38	16.35 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.34	\$85.77	\$0.00	\$20.93	\$21.63	\$0.00	\$33.33	\$2.38	\$16.35	\$0.95
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3173								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.55	\$112.98	\$0.00	\$20.93	\$21.63	\$0.00	\$33.33	\$2.38	\$16.35	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.65	\$5.65								
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	\$8.31	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.86	\$120.29	\$0.00	\$21.15	\$22.04	\$0.00	\$33.70	\$2.38	\$16.35	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.65									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,868,167	\$2,961,302	\$0	\$657,986	\$759,706	\$0	\$1,133,227		\$355,946	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$118,331)	\$0	\$0	\$0	\$0	\$0	(\$91,660)		(\$26,671)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,671
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,854,507	\$2,961,302	\$0	\$657,986	\$759,706	\$0	\$1,041,567	\$78,000	\$329,275	\$26,671
8	Total Nursing Facility Days As Filed Days = 27,337	FY22 Audited C/R Days	27,337									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,337	FY22 GL-PL Ins Rpt Days								27,337		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.17	\$108.33	\$0.00	\$24.07	\$27.79	(with L&H)	\$38.10	\$2.85	\$12.05	\$0.98
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2309								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.01	\$0.00	\$24.07	\$27.79		\$38.10	\$2.85	\$12.05	\$0.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.20	\$88.01	\$0.00	\$24.07	\$27.79		\$38.10	\$2.85	11.40 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.20	\$88.01	\$0.00	\$24.07	\$27.79	\$0.00	\$38.10	\$2.85	\$11.40	\$0.98
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2236								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$107.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.88	\$107.69	\$0.00	\$24.07	\$27.79	\$0.00	\$38.10	\$2.85	\$11.40	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.38	\$5.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$239.58	\$116.29	\$0.00	\$24.29	\$28.20	\$0.00	\$55.57	\$2.85	\$11.40	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.86									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	
Provider: THE OAKS NURSING HOME, INC														Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4449	1.4040
Prvdr ID: 00142271A														Qtrly BIMS score	45.45%	5.5%	Quarterly Medicaid PDPM:	1.3448	1.4431
PDPM Per Diem Rate Effective Date: 7/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	3.74	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.3714	1.4722
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																			
			a	b	c	d	e	f	g	g	h	i							
<u>PDPM BASED RATE CALCULATIONS</u>																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,275,811	\$2,408,812	\$0	\$453,900	\$677,008	\$0	\$690,077		\$46,014	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$93,677)	(\$1,676)	\$0	\$0	\$0	\$0	(\$56,164)		(\$35,837)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,164									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$35,837
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,274,135	\$2,407,136	\$0	\$453,900	\$677,008	\$0	\$633,913	\$56,164	\$10,177	\$35,837							
8	Total Nursing Facility Days	As Filed Days = 20,728		20,728															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,728								20,728									
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.20	\$116.13	\$0.00	\$21.90	\$32.66	(with L&H)	\$30.58	\$2.71	\$0.49	\$1.73							
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4449															
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.37															
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.37	\$0.00	\$21.90	\$32.66		\$30.58	\$2.71	\$0.49	\$1.73							
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A								
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.85	\$80.37	\$0.00	\$21.90	\$32.66		\$30.58	\$2.71	16.90	\$1.73							
											(FRV)								
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.85	\$80.37	\$0.00	\$21.90	\$32.66	\$0.00	\$30.58	\$2.71	\$16.90	\$1.73							
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3714															
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.22															
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.70	\$110.22	\$0.00	\$21.90	\$32.66	\$0.00	\$30.58	\$2.71	\$16.90	\$1.73							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.06	\$6.06															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.51	\$5.51															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.20	\$12.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.90	\$122.32	\$0.00	\$22.12	\$33.07	\$0.00	\$48.05	\$2.71	\$16.90	\$1.73							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.35																

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

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Provider: PRUITTHEALTH - OLD CAPITOL		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142304A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2948	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.75%	5.5%	Quarterly Medicaid PDPM:			1.5451	1.4431
							3.83	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5764	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,719,136	\$3,198,606	\$0	\$593,449	\$658,836	\$0	\$986,306		\$281,939	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$565,242)	(\$12,325)	\$0	\$0	\$0	\$0	(\$529,740)		(\$23,177)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$506,930			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,651	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,699,475	\$3,186,281	\$0	\$593,449	\$658,836	\$0	\$456,566	\$506,930	\$258,762	\$38,651	
8	Total Nursing Facility Days	As Filed Days = 33,716 FY22 Audited C/R Days	33,716										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,716 FY22 GL-PL Ins Rpt Days								33,716			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.04	\$94.50	\$0.00	\$17.60	\$19.54	(with L&H)	\$13.54	\$15.04	\$7.67	\$1.15	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2948									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.98									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.98	\$0.00	\$17.60	\$19.54		\$13.54	\$15.04	\$7.67	\$1.15	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.32	\$72.98	\$0.00	\$17.60	\$19.54		\$13.54	\$15.04	9.47 (FRV)	\$1.15	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.32	\$72.98	\$0.00	\$17.60	\$19.54	\$0.00	\$13.54	\$15.04	\$9.47	\$1.15	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5764									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.05									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.39	\$115.05	\$0.00	\$17.60	\$19.54	\$0.00	\$13.54	\$15.04	\$9.47	\$1.15	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.71	\$12.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.10	\$127.66	\$0.00	\$17.82	\$19.95	\$0.00	\$31.01	\$15.04	\$9.47	\$1.15	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.75										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
Provider: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	State-wide							
													N/A	20.37%	3.77	0.00%	1.0%	5.0%	1.4547	1.4040	
													20.37%	1.0%	5.0%	1.6639	1.4431				
													3.77	5.0%		1.6978	1.4722				
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,985,196	\$2,813,326	\$0	\$347,411	\$609,074	\$0	\$900,970		\$314,415	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$339,160)	(\$87,588)	\$0	\$1,981	(\$7,255)	(\$4,636)	(\$233,051)		(\$8,611)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,645											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,179									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,960,860	\$2,725,738	\$0	\$349,392	\$601,819	(\$4,636)	\$667,919	\$294,645	\$305,804	\$20,179									
8	Total Nursing Facility Days	As Filed Days = 21,183																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,183																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.19	\$128.68	\$0.00	\$16.49	\$28.19	(with L&H)	\$31.53	\$13.91	\$14.44	\$0.95									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4547																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.46																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.46	\$0.00	\$16.49	\$28.19		\$31.53	\$13.91	\$14.44	\$0.95									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.71	\$88.46	\$0.00	\$16.49	\$28.19		\$31.53	\$13.91	11.18 (FRV)	\$0.95									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.71	\$88.46	\$0.00	\$16.49	\$28.19	\$0.00	\$31.53	\$13.91	\$11.18	\$0.95									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6978																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.19																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.44	\$150.19	\$0.00	\$16.49	\$28.19	\$0.00	\$31.53	\$13.91	\$11.18	\$0.95									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.51	\$7.51																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.64	\$9.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.08	\$159.73	\$0.00	\$16.71	\$28.60	\$0.00	\$49.00	\$13.91	\$11.18	\$0.95									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.24																		

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$2,434,145	\$1,054,846	\$0	\$401,988	\$83,048	\$265,705	\$566,125		\$62,433	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$90,541)	\$41,246	\$0	(\$134,788)	\$3,238	\$11,383	(\$8,704)		(\$2,916)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$27,603		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$3,897
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$2,375,104	\$1,096,092	\$0	\$267,200	\$86,286	\$277,088	\$557,421	\$27,603	\$59,517	\$3,897
8	Total Nursing Facility Days As Filed Days = 7,657	FY22 Audited C/R Days	7,657									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,657	FY22 GL-PL Ins Rpt Days								7,657		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.19	\$143.15	\$0.00	\$34.90	\$47.46	(with L&H)	\$72.80	\$3.60	\$7.77	\$0.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2148								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.83	\$0.00	\$34.90	\$47.46		\$72.80	\$3.60	\$7.77	\$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$245.41	\$117.25	\$0.00	\$34.90	\$33.22		\$38.83	\$3.60	17.10 (FRV)	\$0.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$245.41	\$117.25	\$0.00	\$34.90	\$33.22	\$0.00	\$38.83	\$3.60	\$17.10	\$0.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3300								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$155.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.10	\$155.94	\$0.00	\$34.90	\$33.22	\$0.00	\$38.83	\$3.60	\$17.10	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.90	\$3.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$7.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$308.44	\$162.96	\$0.00	\$35.12	\$33.22	\$0.00	\$55.93	\$3.60	\$17.10	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.51									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: PRUITTHEALTH - PALMYRA Prvdr ID: 00142337A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	38.10%	3.24	N/A	1.3852	1.4040	0.00%	2.5%	5.0%	1.6291	1.4431	1.6623	1.4722
PDPM BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,405,592	\$7,720,209	\$0	\$929,020	\$1,388,493	\$0	\$2,332,733		\$1,035,137	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,237,650)	(\$228,869)	\$0	\$8,109	\$18,693	(\$2,121)	(\$848,864)		(\$184,598)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$887,486															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$103,980													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,159,408	\$7,491,340	\$0	\$937,129	\$1,407,186	(\$2,121)	\$1,483,869	\$887,486	\$850,539	\$103,980													
8	Total Nursing Facility Days	As Filed Days = 55,465 FY22 Audited C/R Days	55,465																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 55,465 FY22 GL-PL Ins Rpt Days								55,465															
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.24	\$135.06	\$0.00	\$16.90	\$25.33	(with L&H)	\$26.75	\$16.00	\$15.33	\$1.87													
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3852																					
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.50																					
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.50	\$0.00	\$16.90	\$25.33		\$26.75	\$16.00	\$15.33	\$1.87													
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A														
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.22	\$97.50	\$0.00	\$16.90	\$25.33		\$26.75	\$16.00	10.87 <i>(FRV)</i>	\$1.87													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.22	\$97.50	\$0.00	\$16.90	\$25.33	\$0.00	\$26.75	\$16.00	\$10.87	\$1.87													
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6623																					
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$162.07																					
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.79	\$162.07	\$0.00	\$16.90	\$25.33	\$0.00	\$26.75	\$16.00	\$10.87	\$1.87													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.05	\$4.05																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.10	\$8.10																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.78	\$12.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$290.57	\$174.75	\$0.00	\$17.12	\$25.74	\$0.00	\$44.22	\$16.00	\$10.87	\$1.87													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.10																						

MONTH: 7/1/2024

FISCAL YEAR ENDING JUNE 30, 2022

2021 RSMMeans FRV

16.80

Provider Name	Provider Number	RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel				
PARKWOOD DEV. CTR.	00142348A	10	10	10	8	6	6	6	2				
CERTIFIED BEDS	110	SNF	ICF	COST			CENTERS						
MEDICAID DAYS (2022)	37,724	0	37,724										
Descriptions	Total	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/	A&G	A&G-GL-PL	Prop.	Tax/
REP HST COST	SNF	ICF	Srvc SNF	Srvc ICF	Services		Housekpng	Maintence	General	Provider Fee	Insurance	Related	Ins
		8,154,088	0	1,538,626	2,417,143	637,159	615,076	540,024	1,013,216	640,500	484,141	199,495	68,708
HIST COST ADJ													
1399		(2,417,143)			(2,417,143)								
1199		2,417,143		2,417,143									
1699		(540,024)						(540,024)					
1599		540,024					540,024						
1899		-											
1999		58,668											58,668
1200		-	0	(11,433)									
1400		-											
1500		-											
1700		11,527							11,527		(22,744)		
1800		-											
1898		-											
TOTAL HIST ADJ		36,018	0	2,405,710	(2,417,143)	-	540,024	(540,024)	11,527		(22,744)	-	58,668
NET HST COST		8,190,106	0	3,944,336	-	637,159	1,155,100	-	1,024,743	640,500	461,397	199,495	127,376
PROJ COST ADJ													
2800		-											
2000		-	0										
TOTAL PROJ ADJS		-	0	-	-	-	-	-	-	-	-	-	-
TOTAL HST/PROJ		8,190,106	0	-	-	637,159	1,155,100	-	1,024,743		461,397	199,495	127,376
REP PAT DAYS		37,724	0	37,724		37,724	37,724		37,724		37,724	37,724	37,724
PAT DAY ADJS		-		-		-	-		-		-	-	-
ADJ PAT DAYS		37,724		37,724	-	37,724	37,724		37,724		37,724	37,724	37,724
NET PER DIEM		194.84		104.56	-	16.89	30.62		27.16		12.23		3.38
STAND PER DIEM		208.26		104.56	-	16.89	30.62		27.16		12.23	16.80	
NURSING HOME PROVIDER FEE		17.10										(FRV)	
ALLOW PER DIEM		211.64		104.56	-	16.89	30.62		27.16		12.23	16.80	3.38
GTH 0.00%		-		-		-	-		-		-	-	-
INCEN PER DIEM		1.16		0.53	-	0.22	0.41		-		-	-	-
TOTAL PER DIEM		229.90											
BED HOLD & LEAVE DAY PER DIEM		159.60											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3650	1.4040	Qtrly BIMS score	42.45%	2.5%
			a	b	c	d	e	f	g	g	h	i									
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
Peer Group Standards & Efficiency Measure Limits																					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$25,025,094	\$9,359,117	\$0	\$2,852,873	\$1,738,644	\$2,638,731	\$3,850,019		\$4,585,710	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$122,561)	(\$2,653)	\$0	\$0	(\$1,736)	(\$2,633)	(\$115,539)		\$0										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$116,211											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$0								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$25,018,744	\$9,356,464	\$0	\$2,852,873	\$1,736,908	\$2,636,098	\$3,734,480	\$116,211	\$4,585,710	\$0									
8	Total Nursing Facility Days	As Filed Days = 46,242		46,242																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,242								46,242											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$541.04	\$202.34	\$0.00	\$61.69	\$94.57	(with L&H)	\$80.76	\$2.51	\$99.17	\$0.00									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3650																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$148.23																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$148.23	\$0.00	\$61.69	\$94.57		\$80.76	\$2.51	\$99.17	\$0.00									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.04	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$2.51	11.60 (FRV)	\$0.00									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$240.04	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$2.51	\$11.60	\$0.00									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3310																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.06																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.85	\$156.06	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$2.51	\$11.60	\$0.00									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.90	\$3.90																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.24	\$6.24																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.24	\$10.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$306.09	\$166.20	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$2.51	\$11.60	\$0.00									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.74																		

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: THE LODGE Pvdr ID: 00142381A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24															
			Growth Allowance: N/A Qtrly BIMS score: 34.88% Nurse Hours per On-Site Day/Quality Incentive: 4.73				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall PDPMCM: 1.5293 Quarterly Medicaid PDPM: 1.3849 Qtrly Mcaid PDPM w RUG Wght Options: 1.4123		1.4040	1.4431	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,845,660	\$3,894,768	\$0	\$648,725	\$839,081	\$0	\$1,315,959		\$147,127	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$199,869)	\$0	\$0	\$0	\$0	\$0	(\$190,279)		(\$9,590)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$199,206					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$9,590		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,854,587	\$3,894,768	\$0	\$648,725	\$839,081	\$0	\$1,125,680	\$199,206	\$137,537	\$9,590			
8	Total Nursing Facility Days	As Filed Days = 25,560 FY22 Audited C/R Days	25,560												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,560 FY22 GL-PL Ins Rpt Days								25,560					
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$268.18	\$152.38	\$0.00	\$25.38	\$32.83	(with L&H)	\$44.04	\$7.79	\$5.38	\$0.38			
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5293											
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.64											
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.64	\$0.00	\$25.38	\$32.83		\$44.04	\$7.79	\$5.38	\$0.38			
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A				
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$242.03	\$99.64	\$0.00	\$25.38	\$32.83		\$38.83	\$7.79	37.18 (FRV)	\$0.38			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$242.03	\$99.64	\$0.00	\$25.38	\$32.83	\$0.00	\$38.83	\$7.79	\$37.18	\$0.38			
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4123											
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.72											
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.11	\$140.72	\$0.00	\$25.38	\$32.83	\$0.00	\$38.83	\$7.79	\$37.18	\$0.38			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.22	\$0.29	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$8.27	\$0.00	\$0.22	\$0.29	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$308.99	\$148.99	\$0.00	\$25.60	\$33.12	\$0.00	\$55.93	\$7.79	\$37.18	\$0.38			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.92												

Quarterly PDPM Based Per Diem Rate Calculations
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Provider: ARCHBOLD LIVING PELHAM Prvdr ID: 00142425A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A		Facility Score: 35.71%	Add-on Percent: 0.00%	Base Period Overall PDPMCM: 1.2463			1.2463	1.4040		
		Qtrly BIMS score: 3.55		Facility Score: 3.55	Add-on Percent: 2.5%	Quarterly Medicaid PDPM: 1.2136			1.2136	1.4431		
		Nurse Hours per On-Site Day/Quality Incentive: 3.55		Facility Score: 3.55	Add-on Percent: 3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.2376			1.2376	1.4722		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,837,030	\$5,094,467	\$0	\$940,637	\$689,779	\$979,186	\$1,758,142		\$374,819	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$52,952)	\$0	\$0	\$0	\$0	\$0	(\$39,378)		(\$13,574)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,378		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,574
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,837,030	\$5,094,467	\$0	\$940,637	\$689,779	\$979,186	\$1,718,764	\$39,378	\$361,245	\$13,574
8	Total Nursing Facility Days	As Filed Days = 31,385 FY22 Audited C/R Days	31,385									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,385 FY22 GL-PL Ins Rpt Days								31,385		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$313.42	\$162.32	\$0.00	\$29.97	\$53.18	(with L&H)	\$54.76	\$1.25	\$11.51	\$0.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2463								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$130.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$130.24	\$0.00	\$29.97	\$53.18		\$54.76	\$1.25	\$11.51	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.92	\$117.25	\$0.00	\$29.97	\$33.22		\$38.83	\$1.25	14.97 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.92	\$117.25	\$0.00	\$29.97	\$33.22	\$0.00	\$38.83	\$1.25	\$14.97	\$0.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2376								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.78	\$145.11	\$0.00	\$29.97	\$33.22	\$0.00	\$38.83	\$1.25	\$14.97	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.63	\$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.30	\$7.98	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.08	\$153.09	\$0.00	\$30.19	\$33.22	\$0.00	\$55.93	\$1.25	\$14.97	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.99									

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.6208	1.4040
Provider: PRUITTHEALTH - JASPER Prvdr ID: 00142436A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	30.95%	2.5%	3.51	6.0%	1.6305	1.4431	1.6638	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,348,988	\$2,186,438	\$0	\$405,342	\$583,446	\$0	\$894,809		\$278,953	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$256,038)	(\$60,652)	\$0	\$0	\$1,268	(\$1,236)	(\$157,683)		(\$37,735)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,805												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$33,481										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,339,236	\$2,125,786	\$0	\$405,342	\$584,714	(\$1,236)	\$737,126	\$212,805	\$241,218	\$33,481										
8	Total Nursing Facility Days	As Filed Days = 17,220 FY22 Audited C/R Days	17,220																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,220 FY22 GL-PL Ins Rpt Days								17,220												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.99	\$123.45	\$0.00	\$23.54	\$33.88	<i>(with L&H)</i>	\$42.81	\$12.36	\$14.01	\$1.94										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6208																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.16																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.16	\$0.00	\$23.54	\$33.88		\$42.81	\$12.36	\$14.01	\$1.94										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.25	\$76.16	\$0.00	\$23.54	\$33.22		\$38.83	\$12.36	18.20 <i>(FRV)</i>	\$1.94										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.25	\$76.16	\$0.00	\$23.54	\$33.22	\$0.00	\$38.83	\$12.36	\$18.20	\$1.94										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6638																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.72																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.81	\$126.72	\$0.00	\$23.54	\$33.22	\$0.00	\$38.83	\$12.36	\$18.20	\$1.94										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.60	\$7.60																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.62	\$11.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$283.43	\$138.02	\$0.00	\$23.76	\$33.22	\$0.00	\$55.93	\$12.36	\$18.20	\$1.94										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.75																			

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

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Provider: HARBORVIEW PIERCE COUNTY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142447A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5582	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.28%	0.0%	Quarterly Medicaid PDPM:			1.9640	1.4431
							3.74	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			2.0056	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,175,031	\$2,944,288	\$0	\$508,838	\$614,904	\$0	\$1,154,580		\$952,421	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$210,615)	(\$6,286)	\$0	\$0	\$0	(\$16)	(\$95,619)		(\$108,694)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$95,619			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$114,996	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,175,031	\$2,938,002	\$0	\$508,838	\$614,904	(\$16)	\$1,058,961	\$95,619	\$843,727	\$114,996	
8	Total Nursing Facility Days	As Filed Days = 25,171 FY22 Audited C/R Days	25,171										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,171 FY22 GL-PL Ins Rpt Days								25,171			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.33	\$116.72	\$0.00	\$20.22	\$24.43	(with L&H)	\$42.07	\$3.80	\$33.52	\$4.57	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5582									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.91									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.91	\$0.00	\$20.22	\$24.43		\$42.07	\$3.80	\$33.52	\$4.57	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.15	\$74.91	\$0.00	\$20.22	\$24.43		\$38.83	\$3.80	19.39 (FRV)	\$4.57	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.15	\$74.91	\$0.00	\$20.22	\$24.43	\$0.00	\$38.83	\$3.80	\$19.39	\$4.57	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.0056									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.24									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.48	\$150.24	\$0.00	\$20.22	\$24.43	\$0.00	\$38.83	\$3.80	\$19.39	\$4.57	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$284.25	\$155.28	\$0.00	\$20.44	\$24.84	\$0.00	\$55.93	\$3.80	\$19.39	\$4.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.36										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PINE KNOLL NURSING & REHAB CTR Prvdr ID: 00142458A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 15.85% Nurse Hours per On-Site Day/Quality Incentive: 3.18			Facility Score: N/A Add-on Percent: 0.00% 0.0% 3.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.4139 Quarterly Medicaid PDPM: 1.5032 Qtrly Mcaid PDPM w RUG Wght Options: 1.5327			Facility Specific: 1.4139 1.5032 1.5327		State-wide: 1.4040 1.4431 1.4722
PDPM BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
Peer Group Standards & Efficiency Measure Limits														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,525,010	\$4,615,295	\$0	\$759,799	\$655,490	\$0	\$1,406,922		\$1,087,504	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$66,215)	(\$197,518)	\$0	(\$15,787)	\$0	\$15,787	\$179,515		(\$48,212)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$18,003				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$48,212		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,525,010	\$4,417,777	\$0	\$744,012	\$655,490	\$15,787	\$1,586,437	\$18,003	\$1,039,292	\$48,212		
8	Total Nursing Facility Days	As Filed Days = 36,643 FY22 Audited C/R Days	36,643											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,643 FY22 GL-PL Ins Rpt Days								36,643				
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.64	\$120.56	\$0.00	\$20.30	\$18.32	(with L&H)	\$43.29	\$0.49	\$28.36	\$1.32		
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4139										
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.27										
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.27	\$0.00	\$20.30	\$18.32		\$43.29	\$0.49	\$28.36	\$1.32		
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A			
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.30	\$85.27	\$0.00	\$20.30	\$18.32		\$38.83	\$0.49	9.77 (FRV)	\$1.32		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.30	\$85.27	\$0.00	\$20.30	\$18.32	\$0.00	\$38.83	\$0.49	\$9.77	\$1.32		
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5327										
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.69										
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.72	\$130.69	\$0.00	\$20.30	\$18.32	\$0.00	\$38.83	\$0.49	\$9.77	\$1.32		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.90	\$135.14	\$0.00	\$20.52	\$18.73	\$0.00	\$55.93	\$0.49	\$9.77	\$1.32		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.60											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,790,382	\$3,139,039	\$0	\$484,981	\$447,694	\$0	\$691,784		\$1,026,884	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$100,487)	\$0	\$0	\$0	\$0	\$0	(\$76,474)		(\$24,013)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,734		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,013
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,776,642	\$3,139,039	\$0	\$484,981	\$447,694	\$0	\$615,310	\$62,734	\$1,002,871	\$24,013
8	Total Nursing Facility Days	As Filed Days = 25,512 FY22 Audited C/R Days	25,512									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,512 FY22 GL-PL Ins Rpt Days								25,512		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.43	\$123.04	\$0.00	\$19.01	\$17.55	(with L&H)	\$24.12	\$2.46	\$39.31	\$0.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2083								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.83	\$0.00	\$19.01	\$17.55		\$24.12	\$2.46	\$39.31	\$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.40	\$101.83	\$0.00	\$19.01	\$17.55		\$24.12	\$2.46	9.49 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.40	\$101.83	\$0.00	\$19.01	\$17.55	\$0.00	\$24.12	\$2.46	\$9.49	\$0.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0915								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.72	\$111.15	\$0.00	\$19.01	\$17.55	\$0.00	\$24.12	\$2.46	\$9.49	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$207.79	\$116.12	\$0.00	\$19.23	\$17.96	\$0.00	\$41.59	\$2.46	\$9.49	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.02									

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

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Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142513A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3591			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.59		Qtrly BIMS score: 44.44%		44.44%	2.5%	Quarterly Medicaid PDPM: 1.3524			1.4431	
								Qtrly Mcaid PDPM w RUG Wght Options: 1.3789			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,351,015	\$2,495,636	\$0	\$637,773	\$288,397	\$282,916	\$1,195,171		\$451,122	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$72,314)	\$48,761	\$0	\$93	\$0	\$0	(\$97,997)		(\$23,171)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$47,768		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,171
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,349,640	\$2,544,397	\$0	\$637,866	\$288,397	\$282,916	\$1,097,174	\$47,768	\$427,951	\$23,171
8	Total Nursing Facility Days	As Filed Days = 22,688 FY22 Audited C/R Days	22,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,688 FY22 GL-PL Ins Rpt Days								22,688		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.79	\$112.15	\$0.00	\$28.11	\$25.18	(with L&H)	\$48.36	\$2.11	\$18.86	\$1.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3591								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.52	\$0.00	\$28.11	\$25.18		\$48.36	\$2.11	\$18.86	\$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.76	\$82.52	\$0.00	\$28.11	\$25.18		\$38.83	\$2.11	10.99 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.76	\$82.52	\$0.00	\$28.11	\$25.18	\$0.00	\$38.83	\$2.11	\$10.99	\$1.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3789								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.03	\$113.79	\$0.00	\$28.11	\$25.18	\$0.00	\$38.83	\$2.11	\$10.99	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$244.54	\$120.57	\$0.00	\$28.33	\$25.59	\$0.00	\$55.93	\$2.11	\$10.99	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.58									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: LILLIAN CARTER HEALTH & REHABILITATION Prvdr ID: 00142524A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 61.22% Nurse Hours per On-Site Day/Quality Incentive: 3.77			Facility Score Add-on Percent N/A 0.00% 5.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.4379 Quarterly Medicaid PDPM: 1.4559 Qtrly Mcaid PDPM w RUG Wght Options: 1.4853			Facility Specific State-wide 1.4040 1.4431 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,220,095	\$3,426,459	\$0	\$600,488	\$633,563	\$0	\$1,031,907		\$527,678	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$129,127)	\$0	\$0	\$0	(\$732)	(\$1,340)	(\$92,167)		(\$34,888)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$34,774	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,203,742	\$3,426,459	\$0	\$600,488	\$632,831	(\$1,340)	\$939,740	\$78,000	\$492,790	\$34,774	
8	Total Nursing Facility Days	As Filed Days = 27,401 FY22 Audited C/R Days	27,401										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,401 FY22 GL-PL Ins Rpt Days								27,401			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.41	\$125.05	\$0.00	\$21.91	\$23.05	(with L&H)	\$34.30	\$2.85	\$17.98	\$1.27	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4379									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.97									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.97	\$0.00	\$21.91	\$23.05		\$34.30	\$2.85	\$17.98	\$1.27	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.21	\$86.97	\$0.00	\$21.91	\$23.05		\$34.30	\$2.85	11.86 (FRV)	\$1.27	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.21	\$86.97	\$0.00	\$21.91	\$23.05	\$0.00	\$34.30	\$2.85	\$11.86	\$1.27	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4853									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.18									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.42	\$129.18	\$0.00	\$21.91	\$23.05	\$0.00	\$34.30	\$2.85	\$11.86	\$1.27	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.61	\$11.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.03	\$140.69	\$0.00	\$22.13	\$23.46	\$0.00	\$51.77	\$2.85	\$11.86	\$1.27	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.70										

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

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Provider: THE PLACE AT MARTINEZ		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142535A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4000	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.77%	2.5%	Quarterly Medicaid PDPM:			1.2810	1.4431
							4.14	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2810	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,516,682	\$3,639,565	\$0	\$581,846	\$556,701	\$0	\$1,309,368		\$429,202	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$562,870)	(\$8,952)	\$0	\$0	\$0	\$0	(\$464,789)		(\$89,129)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$414,789			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$89,129	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,457,730	\$3,630,613	\$0	\$581,846	\$556,701	\$0	\$844,579	\$414,789	\$340,073	\$89,129	
8	Total Nursing Facility Days	As Filed Days = 26,802 FY22 Audited C/R Days	26,802										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,802 FY22 GL-PL Ins Rpt Days								26,802			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.95	\$135.46	\$0.00	\$21.71	\$20.77	(with L&H)	\$31.51	\$15.48	\$12.69	\$3.33	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4000									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.76									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.76	\$0.00	\$21.71	\$20.77		\$31.51	\$15.48	\$12.69	\$3.33	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.21	\$96.76	\$0.00	\$21.71	\$20.77		\$31.51	\$15.48	12.65 (FRV)	\$3.33	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.21	\$96.76	\$0.00	\$21.71	\$20.77	\$0.00	\$31.51	\$15.48	\$12.65	\$3.33	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2810									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.95									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.40	\$123.95	\$0.00	\$21.71	\$20.77	\$0.00	\$31.51	\$15.48	\$12.65	\$3.33	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.45	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.85	\$131.30	\$0.00	\$21.93	\$21.18	\$0.00	\$48.98	\$15.48	\$12.65	\$3.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.31										

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

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Provider: PLEASANT VIEW NURSING CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142546A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.1693	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.73%	1.0%	Quarterly Medicaid PDPM:			1.0703	1.4431
							2.29	1.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.0917	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,480,437	\$3,462,988	\$0	\$543,766	\$646,726	\$0	\$990,273		\$836,684	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$223,401)	(\$6,100)	\$0	\$0	\$0	\$0	(\$170,463)		(\$46,838)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$80,560			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,838	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,384,434	\$3,456,888	\$0	\$543,766	\$646,726	\$0	\$819,810	\$80,560	\$789,846	\$46,838	
8	Total Nursing Facility Days	As Filed Days = 40,249	40,249										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,249								40,249			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$158.62	\$85.89	\$0.00	\$13.51	\$16.07	(with L&H)	\$20.37	\$2.00	\$19.62	\$1.16	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1693									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.46									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.46	\$0.00	\$13.51	\$16.07		\$20.37	\$2.00	\$19.62	\$1.16	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.08	\$73.46	\$0.00	\$13.51	\$16.07		\$20.37	\$2.00	10.51 (FRV)	\$1.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.08	\$73.46	\$0.00	\$13.51	\$16.07	\$0.00	\$20.37	\$2.00	\$10.51	\$1.16	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0917									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$80.20									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.82	\$80.20	\$0.00	\$13.51	\$16.07	\$0.00	\$20.37	\$2.00	\$10.51	\$1.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.80	\$0.80									
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	\$20.23	\$2.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$164.05	\$82.33	\$0.00	\$13.73	\$16.48	\$0.00	\$37.84	\$2.00	\$10.51	\$1.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.21										

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

FINAL

Provider: CEDAR VALLEY NSG & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142557A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2065	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.94%	2.5%	Quarterly Medicaid PDPM:			1.4886	1.4431
							3.04	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5194	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,615,466	\$2,655,076	\$0	\$556,913	\$507,308	\$0	\$986,621		\$909,548	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$52,823)	(\$205,002)	\$0	(\$3,725)	\$0	\$3,725	\$190,245		(\$38,066)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$14,757			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,066	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,615,466	\$2,450,074	\$0	\$553,188	\$507,308	\$3,725	\$1,176,866	\$14,757	\$871,482	\$38,066	
8	Total Nursing Facility Days	As Filed Days = 25,979											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,979								25,979			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.16	\$94.31	\$0.00	\$21.29	\$19.67	(with L&H)	\$45.30	\$0.57	\$33.55	\$1.47	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2065									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.17									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$21.29	\$19.67		\$45.30	\$0.57	\$33.55	\$1.47	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.17	\$78.17	\$0.00	\$21.29	\$19.67		\$38.83	\$0.57	11.17 (FRV)	\$1.47	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.17	\$78.17	\$0.00	\$21.29	\$19.67	\$0.00	\$38.83	\$0.57	\$11.17	\$1.47	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5194									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.77									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.77	\$118.77	\$0.00	\$21.29	\$19.67	\$0.00	\$38.83	\$0.57	\$11.17	\$1.47	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$7.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.56	\$125.83	\$0.00	\$21.51	\$20.08	\$0.00	\$55.93	\$0.57	\$11.17	\$1.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.60										

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

FINAL

Provider: PRESBYTERIAN HOME, QUITMAN, INC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142579A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4372			1.4372	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 45.31%		Nurse Hours per On-Site Day/Quality Incentive: 3.82		45.31%	5.5%	Quarterly Medicaid PDPM: 1.4245			1.4245	1.4431
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4476			1.4476	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,317,639	\$6,552,939	\$0	\$1,848,859	\$1,650,256	\$0	\$2,517,188		\$748,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$137,150)	\$0	\$0	\$0	\$0	\$0	(\$106,804)		(\$30,346)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$106,804		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,346
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,317,639	\$6,552,939	\$0	\$1,848,859	\$1,650,256	\$0	\$2,410,384	\$106,804	\$718,051	\$30,346
8	Total Nursing Facility Days	As Filed Days = 55,418 FY22 Audited C/R Days	55,418									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 55,418 FY22 GL-PL Ins Rpt Days								55,418		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.32	\$118.25	\$0.00	\$33.36	\$29.78	(with L&H)	\$43.49	\$1.93	\$12.96	\$0.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4372								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$33.36	\$29.78		\$43.49	\$1.93	\$12.96	\$0.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.43	\$82.28	\$0.00	\$30.35	\$29.78		\$38.83	\$1.93	21.71 (FRV)	\$0.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.43	\$82.28	\$0.00	\$30.35	\$29.78	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4476								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.26	\$119.11	\$0.00	\$30.35	\$29.78	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.06	\$10.65	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.32	\$129.76	\$0.00	\$30.35	\$30.19	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.99									

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

FINAL

Provider: BRYANT HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142601A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2580	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.83%	1.0%	Quarterly Medicaid PDPM:			1.3450	1.4431
							2.54	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3719	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,438,216	\$2,289,994	\$0	\$335,303	\$424,148	\$0	\$586,811		\$801,960	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$119,256)	(\$714)	\$0	\$0	(\$2,119)	(\$2,225)	(\$76,971)		(\$37,227)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$53,224			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,439	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,407,623	\$2,289,280	\$0	\$335,303	\$422,029	(\$2,225)	\$509,840	\$53,224	\$764,733	\$35,439	
8	Total Nursing Facility Days	As Filed Days = 21,182											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,182											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.08	\$108.08	\$0.00	\$15.83	\$19.82	(with L&H)	\$24.07	\$2.51	\$36.10	\$1.67	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2580									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.91									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.91	\$0.00	\$15.83	\$19.82		\$24.07	\$2.51	\$36.10	\$1.67	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.49	\$85.91	\$0.00	\$15.83	\$19.82		\$24.07	\$2.51	10.68 (FRV)	\$1.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.49	\$85.91	\$0.00	\$15.83	\$19.82	\$0.00	\$24.07	\$2.51	\$10.68	\$1.67	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3719									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.86									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.44	\$117.86	\$0.00	\$15.83	\$19.82	\$0.00	\$24.07	\$2.51	\$10.68	\$1.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$215.79	\$123.11	\$0.00	\$16.05	\$20.23	\$0.00	\$41.54	\$2.51	\$10.68	\$1.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.02										

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

FINAL

Provider: PROVIDENCE HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142612A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5588	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.67%	0.0%	Quarterly Medicaid PDPM:			1.4541	1.4431
							2.36	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4831	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,829,317	\$2,926,940	\$0	\$404,966	\$553,955	\$0	\$866,364		\$1,077,092	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$274,563)	\$0	\$0	\$0	\$0	\$0	(\$243,868)		(\$30,695)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,646			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,695	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,647,095	\$2,926,940	\$0	\$404,966	\$553,955	\$0	\$622,496	\$61,646	\$1,046,397	\$30,695	
8	Total Nursing Facility Days	As Filed Days = 22,795 FY22 Audited C/R Days	22,795										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,795 FY22 GL-PL Ins Rpt Days								22,795			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.73	\$128.40	\$0.00	\$17.77	\$24.30	(with L&H)	\$27.31	\$2.70	\$45.90	\$1.35	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5588									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.37									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.37	\$0.00	\$17.77	\$24.30		\$27.31	\$2.70	\$45.90	\$1.35	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$82.37	\$0.00	\$17.77	\$24.30		\$27.31	\$2.70	9.84 (FRV)	\$1.35	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.64	\$82.37	\$0.00	\$17.77	\$24.30	\$0.00	\$27.31	\$2.70	\$9.84	\$1.35	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4831									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.16									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.43	\$122.16	\$0.00	\$17.77	\$24.30	\$0.00	\$27.31	\$2.70	\$9.84	\$1.35	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$2.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$226.50	\$125.13	\$0.00	\$17.99	\$24.71	\$0.00	\$44.78	\$2.70	\$9.84	\$1.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.05										

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

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Provider: PROVIDENCE HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142623A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4238	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.29%	0.0%	Quarterly Medicaid PDPM:			1.3169	1.4431
							3.04	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3440	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,661,370	\$1,869,532	\$0	\$363,951	\$344,095	\$0	\$858,669		\$225,123	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$144,486)	\$0	\$0	\$0	\$0	\$0	(\$113,380)		(\$31,106)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$102,775			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,106	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,650,765	\$1,869,532	\$0	\$363,951	\$344,095	\$0	\$745,289	\$102,775	\$194,017	\$31,106	
8	Total Nursing Facility Days	As Filed Days = 17,105											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,105											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.44	\$109.30	\$0.00	\$21.28	\$20.12	(with L&H)	\$43.57	\$6.01	\$11.34	\$1.82	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4238									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.77									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.77	\$0.00	\$21.28	\$20.12		\$43.57	\$6.01	\$11.34	\$1.82	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.63	\$76.77	\$0.00	\$21.28	\$20.12		\$38.83	\$6.01	10.80 (FRV)	\$1.82	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.63	\$76.77	\$0.00	\$21.28	\$20.12	\$0.00	\$38.83	\$6.01	\$10.80	\$1.82	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3440									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.18									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.04	\$103.18	\$0.00	\$21.28	\$20.12	\$0.00	\$38.83	\$6.01	\$10.80	\$1.82	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.32	\$2.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.36	\$105.77	\$0.00	\$21.50	\$20.53	\$0.00	\$55.93	\$6.01	\$10.80	\$1.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.95										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:
Provider: GREENE POINT HEALTH AND REHABILITATION Prvdr ID: 00142634A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	1.3627	1.4040				
Add-on Data and Percentages: Growth Allowance: N/A, Qtrly BIMS score: 14.29%, Nurse Hours per On-Site Day/Quality Incentive: 3.25													0.00%	0.0%	5.0%	1.2479	1.4431	1.2719	1.4722	
Case Mix Index (CMI) Data: Base Period Overall PDPMCM: 1.3627, Quarterly Medicaid PDPM: 1.2479, Qtrly Mcaid PDPM w RUG Wght Options: 1.2719													1.3627	1.4040	1.2479	1.4431	1.2719	1.4722		
PDPM BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,828,974	\$1,983,615	\$0	\$459,355	\$524,430	\$0	\$724,208		\$137,366	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$64,784)	\$0	\$0	\$0	\$0	\$0	(\$47,560)		(\$17,224)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,000										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,224								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,820,414	\$1,983,615	\$0	\$459,355	\$524,430	\$0	\$676,648	\$39,000	\$120,142	\$17,224								
8	Total Nursing Facility Days	As Filed Days = 15,859 FY22 Audited C/R Days	15,859																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,859 FY22 GL-PL Ins Rpt Days								15,859										
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.91	\$125.08	\$0.00	\$28.96	\$33.07	<i>(with L&H)</i>	\$42.67	\$2.46	\$7.58	\$1.09								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3627																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.79																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.79	\$0.00	\$28.96	\$33.07		\$42.67	\$2.46	\$7.58	\$1.09								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.51	\$91.79	\$0.00	\$28.96	\$33.07		\$38.83	\$2.46	14.31 <i>(FRV)</i>	\$1.09								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$91.79	\$0.00	\$28.96	\$33.07	\$0.00	\$38.83	\$2.46	\$14.31	\$1.09								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2719																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.75																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.47	\$116.75	\$0.00	\$28.96	\$33.07	\$0.00	\$38.83	\$2.46	\$14.31	\$1.09								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.86	\$0.53	\$0.00	\$0.22	\$0.11	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$6.37	\$0.00	\$0.22	\$0.11	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$259.27	\$123.12	\$0.00	\$29.18	\$33.18	\$0.00	\$55.93	\$2.46	\$14.31	\$1.09								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.63																	

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

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Provider: WARRENTON HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142645A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.3168	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.27%	Quarterly Medicaid PDPM:				1.3436	1.4431	
					3.56	Qtrly Mcaid PDPM w RUG Wght Options:				1.3700	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,491,125	\$2,274,232	\$0	\$407,915	\$500,555	\$0	\$987,390		\$321,033	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$160,042)	\$0	\$0	\$0	\$0	\$0	(\$105,990)		(\$54,052)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$102,775		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,052
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,487,910	\$2,274,232	\$0	\$407,915	\$500,555	\$0	\$881,400	\$102,775	\$266,981	\$54,052
8	Total Nursing Facility Days	As Filed Days = 19,080										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,080								19,080		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.74	\$119.19	\$0.00	\$21.38	\$26.23	(with L&H)	\$46.19	\$4.93	\$13.99	\$2.83
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3168								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.52	\$0.00	\$21.38	\$26.23		\$46.19	\$4.93	\$13.99	\$2.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.64	\$90.52	\$0.00	\$21.38	\$26.23		\$38.83	\$4.93	9.92 (FRV)	\$2.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.64	\$90.52	\$0.00	\$21.38	\$26.23	\$0.00	\$38.83	\$4.93	\$9.92	\$2.83
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3700								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.13	\$124.01	\$0.00	\$21.38	\$26.23	\$0.00	\$38.83	\$4.93	\$9.92	\$2.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$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	\$23.22	\$5.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.35	\$129.50	\$0.00	\$21.60	\$26.64	\$0.00	\$55.93	\$4.93	\$9.92	\$2.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.69									

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

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Provider: ORCHARD HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142656A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.2430			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 34.72%		Nurse Hours per On-Site Day/Quality Incentive: 3.20		3.20	2.5%	Quarterly Medicaid PDPM: 1.2478			1.4431	
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.2725			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,243,522	\$2,888,407	\$0	\$591,270	\$581,395	\$0	\$978,197		\$204,253	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$124,364)	\$0	\$0	\$0	\$0	\$0	(\$99,694)		(\$24,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$86,279		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,670
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,230,107	\$2,888,407	\$0	\$591,270	\$581,395	\$0	\$878,503	\$86,279	\$179,583	\$24,670
8	Total Nursing Facility Days	As Filed Days = 24,924 FY22 Audited C/R Days	24,924									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,924 FY22 GL-PL Ins Rpt Days								24,924		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.85	\$115.89	\$0.00	\$23.72	\$23.33	(with L&H)	\$35.25	\$3.46	\$7.21	\$0.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2430								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.23	\$0.00	\$23.72	\$23.33		\$35.25	\$3.46	\$7.21	\$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$93.23	\$0.00	\$23.72	\$23.33		\$35.25	\$3.46	10.51 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.49	\$93.23	\$0.00	\$23.72	\$23.33	\$0.00	\$35.25	\$3.46	\$10.51	\$0.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2725								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.90	\$118.64	\$0.00	\$23.72	\$23.33	\$0.00	\$35.25	\$3.46	\$10.51	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.93	\$5.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.43	\$128.07	\$0.00	\$23.94	\$23.74	\$0.00	\$52.72	\$3.46	\$10.51	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.75									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3085	1.4040
Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB Prvdr ID: 00142678A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	37.25%	2.5%	3.59	5.0%	1.4020	1.4431	1.4300	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,378,011	\$2,290,058	\$0	\$496,744	\$480,434	\$0	\$752,387		\$358,388	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$146,157)	(\$59,166)	\$0	\$0	\$0	(\$565)	(\$57,165)		(\$29,261)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,244										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,307,898	\$2,230,892	\$0	\$496,744	\$480,434	(\$565)	\$695,222	\$46,800	\$329,127	\$29,244										
8	Total Nursing Facility Days	As Filed Days = 20,384 FY22 Audited C/R Days	20,397																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,384 FY22 GL-PL Ins Rpt Days								20,397												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.19	\$109.37	\$0.00	\$24.35	\$23.53	(with L&H)	\$34.08	\$2.29	\$16.14	\$1.43										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3085																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.59																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.59	\$0.00	\$24.35	\$23.53		\$34.08	\$2.29	\$16.14	\$1.43										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.15	\$83.59	\$0.00	\$24.35	\$23.53		\$34.08	\$2.29	11.88 <i>(FRV)</i>	\$1.43										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.15	\$83.59	\$0.00	\$24.35	\$23.53	\$0.00	\$34.08	\$2.29	\$11.88	\$1.43										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4300																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.53																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.09	\$119.53	\$0.00	\$24.35	\$23.53	\$0.00	\$34.08	\$2.29	\$11.88	\$1.43										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.98	\$5.98																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.60	\$9.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$244.69	\$129.03	\$0.00	\$24.57	\$23.94	\$0.00	\$51.55	\$2.29	\$11.88	\$1.43										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.69																			

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

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Provider: JESUP HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142689A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.9586	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.46%	2.5%	Quarterly Medicaid PDPM:			1.8413	1.4431
							3.68	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.8792	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,376,820	\$1,818,102	\$0	\$327,841	\$462,266	\$0	\$1,398,196		\$370,415	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$91,045)	\$23,899	\$0	(\$587)	\$0	(\$20,013)	(\$75,838)		(\$18,506)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$34,655			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,506	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,338,936	\$1,842,001	\$0	\$327,254	\$462,266	(\$20,013)	\$1,322,358	\$34,655	\$351,909	\$18,506	
8	Total Nursing Facility Days	As Filed Days = 16,400											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,400								16,400			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.57	\$112.32	\$0.00	\$19.95	\$26.97	(with L&H)	\$80.63	\$2.11	\$21.46	\$1.13	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.9586									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$57.35									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.35	\$0.00	\$19.95	\$26.97		\$80.63	\$2.11	\$21.46	\$1.13	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.20	\$57.35	\$0.00	\$19.95	\$26.97		\$38.83	\$2.11	8.86 <i>(FRV)</i>	\$1.13	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.20	\$57.35	\$0.00	\$19.95	\$26.97	\$0.00	\$38.83	\$2.11	\$8.86	\$1.13	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.8792									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$107.77									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.62	\$107.77	\$0.00	\$19.95	\$26.97	\$0.00	\$38.83	\$2.11	\$8.86	\$1.13	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.26	\$7.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.88	\$115.30	\$0.00	\$20.17	\$27.38	\$0.00	\$55.93	\$2.11	\$8.86	\$1.13	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.34										

Quarterly Case Mix Per Diem Rate Calculations

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Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00142711A				Growth Allowance:			N/A	0.00%	Base Period Overall PDPM:			1.4706	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24			BIMS	0.0%	Quarterly Medicaid PDPM:			1.2859	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:			4.01	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3110	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	h	i	j	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
Base Period Per Diem Allowed Amounts													
Net Historical Cost 2021													
FY2021 C/R -FY 2021 GL-PL Rpt													
Inflation (July 2022) @ 5.90%													
Patient Days													
FY 2021 Cost Rpt													
Total Nursing Facility Days GL-PL Ins. Rpt													
FY 21 GL-PL Ins Rpt Days													
Inflated NHC/ Patient Days													
Base Period Facility PDPM for all Residents													
1,4706													
Routine Services PDPM Adjusted Net Per Diem													
\$74.76													
Net Per Diems After PDPM Adjustments													
\$220.60													
Per Diem Standards													
\$117.25													
Base Period PDPM Adjusted Allowed Per Diem													
\$186.33													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 0.000%													
\$0.00													
PDPMA Allowed Per Diem After Growth Allowance													
\$186.33													
Quarterly Facility PDPM for Medicaid Residents													
1,3110													
Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem													
\$98.01													
Quarterly Medicaid PDPMA Allowed Per Diem													
\$209.58													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
\$1.16													
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)													
\$0.00													
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													
\$2.94													
Nursing Home Provider Fee													
\$ 17.10													
Total Quarterly Per Diem Add-On Amounts													
\$21.20													
Quarterly PDPM Based Per Diem Rate													
\$230.78													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													
\$160.26													

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2905	1.4040
Provider: BUCHANAN HEALTHCARE CENTER Prvdr ID: 00142722A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	31.43%	2.5%	2.60	2.0%	1.3594	1.4431	1.3857	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,392,418	\$1,962,868	\$0	\$323,293	\$324,909	\$0	\$1,317,618		\$463,730	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$153,011)	(\$7,863)	\$0	\$0	\$0	\$0	(\$109,394)		(\$35,754)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$109,394												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,754										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,384,555	\$1,955,005	\$0	\$323,293	\$324,909	\$0	\$1,208,224	\$109,394	\$427,976	\$35,754										
8	Total Nursing Facility Days	As Filed Days = 17,016 FY22 Audited C/R Days	17,016																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,016 FY22 GL-PL Ins Rpt Days								17,016												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.67	\$114.89	\$0.00	\$19.00	\$19.09	<i>(with L&H)</i>	\$71.01	\$6.43	\$25.15	\$2.10										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2905																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.03																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.03	\$0.00	\$19.00	\$19.09		\$71.01	\$6.43	\$25.15	\$2.10										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.74	\$89.03	\$0.00	\$19.00	\$19.09		\$38.83	\$6.43	13.26 <i>(FRV)</i>	\$2.10										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.74	\$89.03	\$0.00	\$19.00	\$19.09	\$0.00	\$38.83	\$6.43	\$13.26	\$2.10										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3857																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.37																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.08	\$123.37	\$0.00	\$19.00	\$19.09	\$0.00	\$38.83	\$6.43	\$13.26	\$2.10										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.89	\$129.45	\$0.00	\$19.22	\$19.50	\$0.00	\$55.93	\$6.43	\$13.26	\$2.10										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.59																			

Quarterly PDPM Based Per Diem Rate Calculations
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Provider: THE RETREAT Prvdr ID: 00142733A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 21.05% Nurse Hours per On-Site Day/Quality Incentive: 5.03				0.00%	1.0%	Base Period Overall PDPMCM: 1.3584 Quarterly Medicaid PDPM: 1.2882 Qtrly Mcaid PDPM w RUG Wght Options: 1.3137			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,684,639	\$2,549,317	\$0	\$795,321	\$278,331	\$362,720	\$541,138		\$157,812	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$61,960)	\$0	\$0	(\$3,799)	\$0	\$0	(\$16,723)		(\$41,438)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$16,723			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,237	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,684,639	\$2,549,317	\$0	\$791,522	\$278,331	\$362,720	\$524,415	\$16,723	\$116,374	\$45,237	
8	Total Nursing Facility Days	As Filed Days = 15,055 FY22 Audited C/R Days	15,055										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,055 FY22 GL-PL Ins Rpt Days								15,055			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.16	\$169.33	\$0.00	\$52.58	\$42.58	(with L&H)	\$34.83	\$1.11	\$7.73	\$3.00	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3584									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.65									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.65	\$0.00	\$52.58	\$42.58		\$34.83	\$1.11	\$7.73	\$3.00	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.49	\$117.25	\$0.00	\$36.63	\$33.22		\$34.83	\$1.11	11.45 (FRV)	\$3.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$237.49	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$34.83	\$1.11	\$11.45	\$3.00	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3137									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.03									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.27	\$154.03	\$0.00	\$36.63	\$33.22	\$0.00	\$34.83	\$1.11	\$11.45	\$3.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$6.16	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$297.90	\$160.19	\$0.00	\$36.63	\$33.22	\$0.00	\$52.30	\$1.11	\$11.45	\$3.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.60										

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3457	1.4040				
Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3457	1.4040	1.3816	1.4431	1.4098	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,832,596	\$2,997,150	\$0	\$563,126	\$575,324	\$0	\$1,467,194		\$229,802	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$214,214)	(\$6,097)	\$0	\$6,097	(\$2,588)	(\$2,563)	(\$195,983)		(\$13,080)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$195,983																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R												\$12,963												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,827,328	\$2,991,053	\$0	\$569,223	\$572,736	(\$2,563)	\$1,271,211	\$195,983	\$216,722	\$12,963														
8	Total Nursing Facility Days As Filed Days = 25,346	FY22 Audited C/R Days	25,346																							
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,346	FY22 GL-PL Ins Rpt Days								25,346																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.91	\$118.01	\$0.00	\$22.46	\$22.50	(with L&H)	\$50.15	\$7.73	\$8.55	\$0.51														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3457																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.70																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.70	\$0.00	\$22.46	\$22.50		\$50.15	\$7.73	\$8.55	\$0.51														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.76	\$87.70	\$0.00	\$22.46	\$22.50		\$38.83	\$7.73	11.03 (FRV)	\$0.51														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.76	\$87.70	\$0.00	\$22.46	\$22.50	\$0.00	\$38.83	\$7.73	\$11.03	\$0.51														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4098																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.64																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.70	\$123.64	\$0.00	\$22.46	\$22.50	\$0.00	\$38.83	\$7.73	\$11.03	\$0.51														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.06	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.76	\$130.97	\$0.00	\$22.68	\$22.91	\$0.00	\$55.93	\$7.73	\$11.03	\$0.51														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.00																							

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide
Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	State-wide	Facility Specific	State-wide								
													N/A	30.00%	2.96	0.00%	2.5%	3.0%	1.5704	1.4040	1.8796	1.4431	1.9188	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,660,393	\$3,060,444	\$0	\$558,313	\$652,966	\$0	\$1,344,642		\$1,044,028	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$216,966)	(\$103,217)	\$0	\$0	\$0	\$0	(\$18,242)		(\$95,507)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,054														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$95,507												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,655,988	\$2,957,227	\$0	\$558,313	\$652,966	\$0	\$1,326,400	\$117,054	\$948,521	\$95,507												
8	Total Nursing Facility Days	As Filed Days = 32,016																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,016																						
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.90	\$92.37	\$0.00	\$17.44	\$20.39	(with L&H)	\$41.43	\$3.66	\$29.63	\$2.98												
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5704																				
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$58.82																				
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.82	\$0.00	\$17.44	\$20.39		\$41.43	\$3.66	\$29.63	\$2.98												
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A													
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.33	\$58.82	\$0.00	\$17.44	\$20.39		\$38.83	\$3.66	14.21 (FRV)	\$2.98												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.33	\$58.82	\$0.00	\$17.44	\$20.39	\$0.00	\$38.83	\$3.66	\$14.21	\$2.98												
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9188																				
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.86																				
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.37	\$112.86	\$0.00	\$17.44	\$20.39	\$0.00	\$38.83	\$3.66	\$14.21	\$2.98												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.47	\$6.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$234.84	\$119.60	\$0.00	\$17.66	\$20.80	\$0.00	\$55.93	\$3.66	\$14.21	\$2.98												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.31																					

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,493,931	\$3,123,659	\$0	\$566,456	\$559,068	\$0	\$1,246,451		\$998,297	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$383,499)	(\$3,459)	\$0	\$0	(\$4,859)	(\$6,953)	(\$321,002)		(\$47,226)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$233,898		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,228
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,390,558	\$3,120,200	\$0	\$566,456	\$554,209	(\$6,953)	\$925,449	\$233,898	\$951,071	\$46,228
8	Total Nursing Facility Days	As Filed Days = 30,135 FY22 Audited C/R Days	30,135									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,135 FY22 GL-PL Ins Rpt Days								30,135		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.06	\$103.54	\$0.00	\$18.80	\$18.16	(with L&H)	\$30.71	\$7.76	\$31.56	\$1.53
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3812								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.96								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.96	\$0.00	\$18.80	\$18.16		\$30.71	\$7.76	\$31.56	\$1.53
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.24	\$74.96	\$0.00	\$18.80	\$18.16		\$30.71	\$7.76	10.32 (FRV)	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.24	\$74.96	\$0.00	\$18.80	\$18.16	\$0.00	\$30.71	\$7.76	\$10.32	\$1.53
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9966								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$149.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.95	\$149.67	\$0.00	\$18.80	\$18.16	\$0.00	\$30.71	\$7.76	\$10.32	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$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	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.57	\$156.19	\$0.00	\$19.02	\$18.57	\$0.00	\$48.18	\$7.76	\$10.32	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.35									

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

FINAL

Provider: ROBERTA HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142777A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4679	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.44%	2.5%	Quarterly Medicaid PDPM:			1.6140	1.4431
							3.71	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6469	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,954,887	\$2,063,579	\$0	\$379,954	\$445,624	\$0	\$1,318,921		\$746,809	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$143,207)	\$0	\$0	\$0	(\$985)	(\$1,167)	(\$85,821)		(\$55,234)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,725			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,967	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,918,372	\$2,063,579	\$0	\$379,954	\$444,639	(\$1,167)	\$1,233,100	\$51,725	\$691,575	\$54,967	
8	Total Nursing Facility Days	As Filed Days = 22,709											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,709								22,709			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.58	\$90.87	\$0.00	\$16.73	\$19.53	(with L&H)	\$54.30	\$2.28	\$30.45	\$2.42	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4679									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$61.90									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.90	\$0.00	\$16.73	\$19.53		\$54.30	\$2.28	\$30.45	\$2.42	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.50	\$61.90	\$0.00	\$16.73	\$19.53		\$38.83	\$2.28	8.81 (FRV)	\$2.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.50	\$61.90	\$0.00	\$16.73	\$19.53	\$0.00	\$38.83	\$2.28	\$8.81	\$2.42	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6469									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.94									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.54	\$101.94	\$0.00	\$16.73	\$19.53	\$0.00	\$38.83	\$2.28	\$8.81	\$2.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$6.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$214.41	\$108.08	\$0.00	\$16.95	\$19.94	\$0.00	\$55.93	\$2.28	\$8.81	\$2.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.98										

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

FINAL

Provider: TWIN FOUNTAINS HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142843A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.1921			1.1921	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 36.36%		36.36%	2.5%	Quarterly Medicaid PDPM: 1.1132			1.1132	1.4431
						3.76	3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.1350			1.1350	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,045,259	\$3,833,708	\$0	\$975,565	\$1,003,864	\$821,818	\$4,643,116		\$767,188	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$56,059)	\$0	\$0	\$0	\$0	\$0	(\$56,059)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,059		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$12,045,259	\$3,833,708	\$0	\$975,565	\$1,003,864	\$821,818	\$4,587,057	\$56,059	\$767,188	\$0
8	Total Nursing Facility Days As Filed Days = 30,676	FY22 Audited C/R Days	30,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,676	FY22 GL-PL Ins Rpt Days								30,676		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$392.65	\$124.97	\$0.00	\$31.80	\$59.51	(with L&H)	\$149.53	\$1.83	\$25.01	\$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1921								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$104.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$104.83	\$0.00	\$31.80	\$59.51		\$149.53	\$1.83	\$25.01	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.86	\$104.83	\$0.00	\$31.80	\$33.22		\$38.83	\$1.83	13.35 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.86	\$104.83	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.83	\$13.35	\$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1350								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.01	\$118.98	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.83	\$13.35	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$7.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.40	\$126.05	\$0.00	\$32.02	\$33.22	\$0.00	\$55.93	\$1.83	\$13.35	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.98									

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

FINAL

Provider: WINDER CENTER FOR NURSING AND HEALING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142854A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4442	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.87%	1.0%	Quarterly Medicaid PDPM:			1.5590	1.4431
							3.23	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5919	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,554,850	\$3,892,699	\$0	\$1,234,450	\$906,265	\$0	\$1,104,679		\$416,757	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$248,821)	\$0	\$0	\$0	\$0	\$0	(\$191,540)		(\$57,281)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$191,540			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,281	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,554,850	\$3,892,699	\$0	\$1,234,450	\$906,265	\$0	\$913,139	\$191,540	\$359,476	\$57,281	
8	Total Nursing Facility Days	As Filed Days = 38,207 FY22 Audited C/R Days	38,207										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,207 FY22 GL-PL Ins Rpt Days								38,207			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.73	\$101.88	\$0.00	\$32.31	\$23.72	(with L&H)	\$23.90	\$5.01	\$9.41	\$1.50	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4442									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.55									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.55	\$0.00	\$32.31	\$23.72		\$23.90	\$5.01	\$9.41	\$1.50	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.42	\$70.55	\$0.00	\$30.35	\$23.72		\$23.90	\$5.01	14.39 (FRV)	\$1.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.42	\$70.55	\$0.00	\$30.35	\$23.72	\$0.00	\$23.90	\$5.01	\$14.39	\$1.50	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5919									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.31									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.18	\$112.31	\$0.00	\$30.35	\$23.72	\$0.00	\$23.90	\$5.01	\$14.39	\$1.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$3.90	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.96	\$116.21	\$0.00	\$30.35	\$24.13	\$0.00	\$41.37	\$5.01	\$14.39	\$1.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.90										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,372,873	\$1,826,745	\$0	\$335,591	\$382,241	\$0	\$529,796		\$298,500	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$52,187)	\$132,799	\$0	\$0	\$856	\$62,144	(\$236,637)		(\$11,349)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$89,575		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$11,412
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,421,673	\$1,959,544	\$0	\$335,591	\$383,097	\$62,144	\$293,159	\$89,575	\$287,151	\$11,412
8	Total Nursing Facility Days	As Filed Days = 16,924 FY22 Audited C/R Days	16,924									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,924 FY22 GL-PL Ins Rpt Days								16,924		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.17	\$115.78	\$0.00	\$19.83	\$26.31	(with L&H)	\$17.32	\$5.29	\$16.97	\$0.67
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4201								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.53	\$0.00	\$19.83	\$26.31		\$17.32	\$5.29	\$16.97	\$0.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.02	\$81.53	\$0.00	\$19.83	\$26.31		\$17.32	\$5.29	11.07 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.02	\$81.53	\$0.00	\$19.83	\$26.31	\$0.00	\$17.32	\$5.29	\$11.07	\$0.67
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3885								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.20								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.69	\$113.20	\$0.00	\$19.83	\$26.31	\$0.00	\$17.32	\$5.29	\$11.07	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.85	\$118.26	\$0.00	\$20.05	\$26.72	\$0.00	\$34.79	\$5.29	\$11.07	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.81									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.0556	1.4040
Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	30.77%	2.5%	2.55	3.0%	1.0203	1.4431	1.0397	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$2,992,539	\$1,597,396	\$0	\$223,328	\$365,029	\$0	\$340,426		\$466,360	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$134,168)	\$0	\$0	\$0	\$0	\$0	(\$74,769)		(\$59,399)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,249												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$59,399										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$2,994,019	\$1,597,396	\$0	\$223,328	\$365,029	\$0	\$265,657	\$76,249	\$406,961	\$59,399										
8	Total Nursing Facility Days	As Filed Days = 14,496 FY22 Audited C/R Days	14,496																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,496 FY22 GL-PL Ins Rpt Days								14,496												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.55	\$110.20	\$0.00	\$15.41	\$25.18	<i>(with L&H)</i>	\$18.33	\$5.26	\$28.07	\$4.10										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.0556																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$104.40																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$104.40	\$0.00	\$15.41	\$25.18		\$18.33	\$5.26	\$28.07	\$4.10										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.65	\$104.40	\$0.00	\$15.41	\$25.18		\$18.33	\$5.26	12.97 <i>(FRV)</i>	\$4.10										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.65	\$104.40	\$0.00	\$15.41	\$25.18	\$0.00	\$18.33	\$5.26	\$12.97	\$4.10										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0397																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.54																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.79	\$108.54	\$0.00	\$15.41	\$25.18	\$0.00	\$18.33	\$5.26	\$12.97	\$4.10										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$214.39	\$115.04	\$0.00	\$15.63	\$25.59	\$0.00	\$35.80	\$5.26	\$12.97	\$4.10										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.97																			

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,208,081	\$2,881,503	\$0	\$632,098	\$619,051	\$0	\$739,334		\$336,095	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$140,355)	\$6,280	\$0	\$0	\$0	\$46	(\$96,893)		(\$49,788)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$95,104		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,788
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,212,618	\$2,887,783	\$0	\$632,098	\$619,051	\$46	\$642,441	\$95,104	\$286,307	\$49,788
8	Total Nursing Facility Days As Filed Days = 18,784	FY22 Audited C/R Days	18,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,784	FY22 GL-PL Ins Rpt Days								18,784		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$277.50	\$153.74	\$0.00	\$33.65	\$32.96	(with L&H)	\$34.20	\$5.06	\$15.24	\$2.65
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4109								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.96	\$0.00	\$33.65	\$32.96		\$34.20	\$5.06	\$15.24	\$2.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.39	\$108.96	\$0.00	\$30.35	\$32.96		\$34.20	\$5.06	12.21 (FRV)	\$2.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.39	\$108.96	\$0.00	\$30.35	\$32.96	\$0.00	\$34.20	\$5.06	\$12.21	\$2.65
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3190								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.15	\$143.72	\$0.00	\$30.35	\$32.96	\$0.00	\$34.20	\$5.06	\$12.21	\$2.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.09	\$0.53	\$0.00	\$0.00	\$0.19	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.19	\$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.82	\$9.16	\$0.00	\$0.00	\$0.19	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.97	\$152.88	\$0.00	\$30.35	\$33.15	\$0.00	\$51.67	\$5.06	\$12.21	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.15									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,319,598	\$2,437,853	\$0	\$830,410	\$542,594	\$458,335	\$614,000		\$436,406	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$42,548)	(\$238,713)	\$0	\$0	(\$10,006)	(\$8,452)	\$227,073		(\$12,450)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$11,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,220
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,300,910	\$2,199,140	\$0	\$830,410	\$532,588	\$449,883	\$841,073	\$11,640	\$423,956	\$12,220
8	Total Nursing Facility Days	As Filed Days = 20,450 FY22 Audited C/R Days		20,450								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,450 FY22 GL-PL Ins Rpt Days								20,450		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.22	\$107.54	\$0.00	\$40.61	\$48.04	(with L&H)	\$41.13	\$0.57	\$20.73	\$0.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2307								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.38	\$0.00	\$40.61	\$48.04		\$41.13	\$0.57	\$20.73	\$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.53	\$87.38	\$0.00	\$36.63	\$33.22		\$38.83	\$0.57	11.30 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.53	\$87.38	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.57	\$11.30	\$0.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2304								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$107.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.66	\$107.51	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.57	\$11.30	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$3.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.52	\$111.27	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.57	\$11.30	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.32									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: VISTA PARK HEALTH AND REHABILITATION Prvdr ID: 00142931A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 32.94% Nurse Hours per On-Site Day/Quality Incentive: 4.19				Base Period Overall PDPMCM: 1.3619 Quarterly Medicaid PDPM: 1.3676 Qtrly Mcaid PDPM w RUG Wght Options: 1.3944				Facility Specific: 1.3619 1.3676 1.3944	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,216,695	\$4,548,269	\$0	\$994,305	\$849,367	\$0	\$1,677,669		\$1,147,085	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$287,534)	\$0	\$0	\$0	\$0	\$0	(\$225,318)		(\$62,216)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,040		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,216
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,122,417	\$4,548,269	\$0	\$994,305	\$849,367	\$0	\$1,452,351	\$131,040	\$1,084,869	\$62,216
8	Total Nursing Facility Days	As Filed Days = 40,150 FY22 Audited C/R Days	40,150									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,150 FY22 GL-PL Ins Rpt Days								40,150		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.19	\$113.28	\$0.00	\$24.76	\$21.15	<i>(with L&H)</i>	\$36.17	\$3.26	\$27.02	\$1.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3619								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.18	\$0.00	\$24.76	\$21.15		\$36.17	\$3.26	\$27.02	\$1.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.70	\$83.18	\$0.00	\$24.76	\$21.15		\$36.17	\$3.26	23.63 <i>(FRV)</i>	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.70	\$83.18	\$0.00	\$24.76	\$21.15	\$0.00	\$36.17	\$3.26	\$23.63	\$1.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3944								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.51	\$115.99	\$0.00	\$24.76	\$21.15	\$0.00	\$36.17	\$3.26	\$23.63	\$1.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.80	\$5.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.84	\$125.22	\$0.00	\$24.98	\$21.56	\$0.00	\$53.64	\$3.26	\$23.63	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.56									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,534,570	\$3,911,905	\$0	\$758,373	\$822,040	\$0	\$758,536		\$283,716	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$139,787)	(\$1,024)	\$0	\$0	\$0	\$0	(\$54,047)		(\$84,716)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$68,630		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$84,716
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,548,129	\$3,910,881	\$0	\$758,373	\$822,040	\$0	\$704,489	\$68,630	\$199,000	\$84,716
8	Total Nursing Facility Days	As Filed Days = 27,575 FY22 Audited C/R Days	27,575									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,575 FY22 GL-PL Ins Rpt Days								27,575		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.47	\$141.83	\$0.00	\$27.50	\$29.81	(with L&H)	\$25.55	\$2.49	\$7.22	\$3.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3052								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.66								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.66	\$0.00	\$27.50	\$29.81		\$25.55	\$2.49	\$7.22	\$3.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.55	\$108.66	\$0.00	\$27.50	\$29.81		\$25.55	\$2.49	15.47 (FRV)	\$3.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.55	\$108.66	\$0.00	\$27.50	\$29.81	\$0.00	\$25.55	\$2.49	\$15.47	\$3.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6982								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$184.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$288.42	\$184.53	\$0.00	\$27.50	\$29.81	\$0.00	\$25.55	\$2.49	\$15.47	\$3.07
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.85	\$1.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$312.59	\$190.60	\$0.00	\$27.72	\$30.22	\$0.00	\$43.02	\$2.49	\$15.47	\$3.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$221.62									

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

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Provider: PRUITTHEALTH - SHEPHERD HILLS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142964A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4850			1.4850	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 20.21%		Nurse Hours per On-Site Day/Quality Incentive: 3.65		20.21%	1.0%	Quarterly Medicaid PDPM: 1.4503			1.4503	1.4431
							5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4799			1.4799	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,811,717	\$4,194,355	\$0	\$568,237	\$732,202	\$0	\$1,110,512		\$206,411	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$471,015)	(\$35,711)	\$0	\$0	\$0	(\$60)	(\$384,873)		(\$50,371)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$397,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,766
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,777,503	\$4,158,644	\$0	\$568,237	\$732,202	(\$60)	\$725,639	\$397,035	\$156,040	\$39,766
8	Total Nursing Facility Days	As Filed Days = 36,975 FY22 Audited C/R Days	36,975									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,975 FY22 GL-PL Ins Rpt Days								36,975		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.31	\$112.47	\$0.00	\$15.37	\$19.80	(with L&H)	\$19.63	\$10.74	\$4.22	\$1.08
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4850								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.74	\$0.00	\$15.37	\$19.80		\$19.63	\$10.74	\$4.22	\$1.08
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$75.74	\$0.00	\$15.37	\$19.80		\$19.63	\$10.74	8.95 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.31	\$75.74	\$0.00	\$15.37	\$19.80	\$0.00	\$19.63	\$10.74	\$8.95	\$1.08
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4799								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.66	\$112.09	\$0.00	\$15.37	\$19.80	\$0.00	\$19.63	\$10.74	\$8.95	\$1.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.60	\$5.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$7.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$213.01	\$119.34	\$0.00	\$15.59	\$20.21	\$0.00	\$37.10	\$10.74	\$8.95	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.93									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4375	1.4040
Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	35.59%	2.5%	2.76	3.0%	1.2690	1.4431	1.2942	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,676,519	\$2,857,143	\$0	\$388,704	\$438,442	\$0	\$831,343		\$160,887	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$131,387)	(\$17,091)	\$0	(\$2,570)	(\$2,356)	(\$570)	(\$73,963)		(\$34,837)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$34,837										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,579,969	\$2,840,052	\$0	\$386,134	\$436,086	(\$570)	\$757,380	\$0	\$126,050	\$34,837										
8	Total Nursing Facility Days	As Filed Days = 28,661 FY22 Audited C/R Days	28,661																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,661 FY22 GL-PL Ins Rpt Days								28,661												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$159.81	\$99.09	\$0.00	\$13.47	\$15.20	(with L&H)	\$26.43	\$0.00	\$4.40	\$1.22										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4375																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$68.93																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.93	\$0.00	\$13.47	\$15.20		\$26.43	\$0.00	\$4.40	\$1.22										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.81	\$68.93	\$0.00	\$13.47	\$15.20		\$26.43	\$0.00	10.56 <i>(FRV)</i>	\$1.22										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.81	\$68.93	\$0.00	\$13.47	\$15.20	\$0.00	\$26.43	\$0.00	\$10.56	\$1.22										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2942																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$89.21																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.09	\$89.21	\$0.00	\$13.47	\$15.20	\$0.00	\$26.43	\$0.00	\$10.56	\$1.22										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$179.63	\$94.65	\$0.00	\$13.69	\$15.61	\$0.00	\$43.90	\$0.00	\$10.56	\$1.22										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.90																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$14,926,212	\$8,142,166	\$0	\$783,566	\$836,409	\$0	\$2,732,481		\$2,431,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$409,388)	(\$27,132)	\$0	\$0	\$0	\$0	(\$260,063)		(\$122,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$286,724		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$122,193
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$14,925,741	\$8,115,034	\$0	\$783,566	\$836,409	\$0	\$2,472,418	\$286,724	\$2,309,397	\$122,193
8	Total Nursing Facility Days	As Filed Days = 42,039 FY22 Audited C/R Days	42,039									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,039 FY22 GL-PL Ins Rpt Days								42,039		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$355.05	\$193.04	\$0.00	\$18.64	\$19.90	(with L&H)	\$58.81	\$6.82	\$54.93	\$2.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4318								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$134.82	\$0.00	\$18.64	\$19.90		\$58.81	\$6.82	\$54.93	\$2.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.26	\$117.25	\$0.00	\$18.64	\$19.90		\$38.83	\$6.82	16.91 (FRV)	\$2.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.26	\$117.25	\$0.00	\$18.64	\$19.90	\$0.00	\$38.83	\$6.82	\$16.91	\$2.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7455								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$204.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$308.67	\$204.66	\$0.00	\$18.64	\$19.90	\$0.00	\$38.83	\$6.82	\$16.91	\$2.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.14	\$6.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$6.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$332.54	\$210.80	\$0.00	\$18.86	\$20.31	\$0.00	\$55.93	\$6.82	\$16.91	\$2.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$236.58									

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

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Provider: PRUITTHEALTH - FAIRBURN Prvdr ID: 00142997A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 16.67% Nurse Hours per On-Site Day/Quality Incentive: 3.94				0.00%	0.0%	Base Period Overall PDPMCM: 1.4241 Quarterly Medicaid PDPM: 1.4144 Qtrly Mcaid PDPM w RUG Wght Options: 1.4425			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,221,577	\$2,840,720	\$0	\$435,028	\$560,204	\$0	\$1,051,275		\$334,350	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$364,264)	(\$39,905)	\$0	\$0	\$0	\$0	(\$260,409)		(\$63,950)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$290,833			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,772	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,211,918	\$2,800,815	\$0	\$435,028	\$560,204	\$0	\$790,866	\$290,833	\$270,400	\$63,772	
8	Total Nursing Facility Days	As Filed Days = 19,655 FY22 Audited C/R Days	19,655										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,655 FY22 GL-PL Ins Rpt Days								19,655			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$265.17	\$142.50	\$0.00	\$22.13	\$28.50	(with L&H)	\$40.24	\$14.80	\$13.76	\$3.24	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4241									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.06									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.06	\$0.00	\$22.13	\$28.50		\$40.24	\$14.80	\$13.76	\$3.24	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.00	\$100.06	\$0.00	\$22.13	\$28.50		\$38.83	\$14.80	15.44 (FRV)	\$3.24	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.00	\$100.06	\$0.00	\$22.13	\$28.50	\$0.00	\$38.83	\$14.80	\$15.44	\$3.24	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4425									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$144.34									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.28	\$144.34	\$0.00	\$22.13	\$28.50	\$0.00	\$38.83	\$14.80	\$15.44	\$3.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.22	\$7.22									
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	\$25.48	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$292.76	\$152.09	\$0.00	\$22.35	\$28.91	\$0.00	\$55.93	\$14.80	\$15.44	\$3.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.75										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: SMITH MEDICAL NURSING CARE CTR Prvdr ID: 00143008A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.47% Nurse Hours per On-Site Day/Quality Incentive: 2.45			Facility Score Add-on Percent N/A 0.00% 1.0% 0.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.1984 Quarterly Medicaid PDPM: 1.2303 Qtrly Mcaid PDPM w RUG Wght Options: 1.2553			Facility Specific State-wide 1.1984 1.4040 1.2303 1.4431 1.2553 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$1,996,026	\$983,526	\$0	\$236,486	\$192,727	\$0	\$560,829		\$22,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$120,684)	\$0	\$0	\$0	\$0	(\$7,653)	(\$95,451)		(\$17,580)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$75,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,580
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$1,968,063	\$983,526	\$0	\$236,486	\$192,727	(\$7,653)	\$465,378	\$75,141	\$4,878	\$17,580
8	Total Nursing Facility Days	As Filed Days = 12,394 FY22 Audited C/R Days	12,394									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 12,394 FY22 GL-PL Ins Rpt Days								12,394		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$158.79	\$79.36	\$0.00	\$19.08	\$14.93	(with L&H)	\$37.55	\$6.06	\$0.39	\$1.42
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1984								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.22	\$0.00	\$19.08	\$14.93		\$37.55	\$6.06	\$0.39	\$1.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.91	\$66.22	\$0.00	\$19.08	\$14.93		\$37.55	\$6.06	12.65 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.91	\$66.22	\$0.00	\$19.08	\$14.93	\$0.00	\$37.55	\$6.06	\$12.65	\$1.42
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2553								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$83.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.82	\$83.13	\$0.00	\$19.08	\$14.93	\$0.00	\$37.55	\$6.06	\$12.65	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.46	\$1.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$194.28	\$84.49	\$0.00	\$19.30	\$15.34	\$0.00	\$55.02	\$6.06	\$12.65	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.89									

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

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Provider: SOCIAL CIRCLE NSG & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143041A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4849	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.74%	1.0%	Quarterly Medicaid PDPM:			1.3722	1.4431
							3.12	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4004	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,849,031	\$2,661,242	\$0	\$405,730	\$373,355	\$0	\$824,207		\$584,497	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$33,095)	(\$210,009)	\$0	\$0	\$3,732	\$3,621	\$200,417		(\$30,856)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$9,592			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,464	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,856,992	\$2,451,233	\$0	\$405,730	\$377,087	\$3,621	\$1,024,624	\$9,592	\$553,641	\$31,464	
8	Total Nursing Facility Days	As Filed Days = 19,303 FY22 Audited C/R Days		19,303									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,303 FY22 GL-PL Ins Rpt Days								19,303			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.62	\$126.99	\$0.00	\$21.02	\$19.72	(with L&H)	\$53.08	\$0.50	\$28.68	\$1.63	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4849									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.52									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.52	\$0.00	\$21.02	\$19.72		\$53.08	\$0.50	\$28.68	\$1.63	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.30	\$85.52	\$0.00	\$21.02	\$19.72		\$38.83	\$0.50	12.08 (FRV)	\$1.63	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.30	\$85.52	\$0.00	\$21.02	\$19.72	\$0.00	\$38.83	\$0.50	\$12.08	\$1.63	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4004									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.76									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.54	\$119.76	\$0.00	\$21.02	\$19.72	\$0.00	\$38.83	\$0.50	\$12.08	\$1.63	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.59	\$125.08	\$0.00	\$21.24	\$20.13	\$0.00	\$55.93	\$0.50	\$12.08	\$1.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.62										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.5041	1.4040
Provider: PRUITTHEALTH - GRIFFIN Prvdr ID: 00143052A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	31.91%	2.5%	3.71	6.0%	1.5526	1.4431	1.5830	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,386,979	\$2,294,609	\$0	\$349,383	\$456,623	\$0	\$1,005,829		\$280,535	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$275,314)	(\$52,938)	\$0	\$0	\$0	\$0	(\$195,994)		(\$26,382)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$244,724												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,837										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,381,226	\$2,241,671	\$0	\$349,383	\$456,623	\$0	\$809,835	\$244,724	\$254,153	\$24,837										
8	Total Nursing Facility Days	As Filed Days = 16,177 FY22 Audited C/R Days	16,177																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,177 FY22 GL-PL Ins Rpt Days								16,177												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.84	\$138.57	\$0.00	\$21.60	\$28.23	<i>(with L&H)</i>	\$50.06	\$15.13	\$15.71	\$1.54										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5041																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.13																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.13	\$0.00	\$21.60	\$28.23		\$50.06	\$15.13	\$15.71	\$1.54										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.28	\$92.13	\$0.00	\$21.60	\$28.23		\$38.83	\$15.13	10.82 <i>(FRV)</i>	\$1.54										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.28	\$92.13	\$0.00	\$21.60	\$28.23	\$0.00	\$38.83	\$15.13	\$10.82	\$1.54										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5830																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.84																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.99	\$145.84	\$0.00	\$21.60	\$28.23	\$0.00	\$38.83	\$15.13	\$10.82	\$1.54										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.75	\$8.75																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.66	\$12.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$292.65	\$158.77	\$0.00	\$21.82	\$28.64	\$0.00	\$55.93	\$15.13	\$10.82	\$1.54										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.66																			

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

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Provider: SPARTA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143063A		PDPM Per Diem Rate Effective Date: 7/1/2024		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.2231			1.4040	
				Qtrly BIMS score: 34.62%		2.5%	Quarterly Medicaid PDPM: 1.3427			1.4431		
				Nurse Hours per On-Site Day/Quality Incentive: 3.50		5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3696			1.4722		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,934,383	\$1,884,097	\$0	\$422,637	\$443,735	\$0	\$770,482		\$413,432	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$94,731)	\$38,052	\$0	(\$38,052)	\$0	\$0	(\$71,933)		(\$22,798)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,180		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,798
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,925,630	\$1,922,149	\$0	\$384,585	\$443,735	\$0	\$698,549	\$63,180	\$390,634	\$22,798
8	Total Nursing Facility Days	As Filed Days = 16,789										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,789								16,789		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.83	\$114.49	\$0.00	\$22.91	\$26.43	(with L&H)	\$41.61	\$3.76	\$23.27	\$1.36
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2231								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.61	\$0.00	\$22.91	\$26.43		\$41.61	\$3.76	\$23.27	\$1.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.55	\$93.61	\$0.00	\$22.91	\$26.43		\$38.83	\$3.76	11.65 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.55	\$93.61	\$0.00	\$22.91	\$26.43	\$0.00	\$38.83	\$3.76	\$11.65	\$1.36
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3696								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.15	\$128.21	\$0.00	\$22.91	\$26.43	\$0.00	\$38.83	\$3.76	\$11.65	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.41	\$6.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.88	\$10.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.03	\$138.36	\$0.00	\$23.13	\$26.84	\$0.00	\$55.93	\$3.76	\$11.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.95									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4098	1.4040				
Provider: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4098	1.4040	1.6505	1.4431	1.6847	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,038,405	\$4,054,351	\$0	\$622,979	\$802,427	\$0	\$1,352,728		\$1,205,920	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$314,152)	(\$67,338)	\$0	\$0	(\$3,089)	(\$5,835)	(\$158,841)		(\$79,049)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$178,020																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$78,170							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,980,443	\$3,987,013	\$0	\$622,979	\$799,338	(\$5,835)	\$1,193,887	\$178,020	\$1,126,871	\$78,170														
8	Total Nursing Facility Days	As Filed Days = 35,695																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,695																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.58	\$111.70	\$0.00	\$17.45	\$22.23	(with L&H)	\$33.45	\$4.99	\$31.57	\$2.19														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4098																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.23																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.23	\$0.00	\$17.45	\$22.23		\$33.45	\$4.99	\$31.57	\$2.19														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.45	\$79.23	\$0.00	\$17.45	\$22.23		\$33.45	\$4.99	9.91 (FRV)	\$2.19														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.45	\$79.23	\$0.00	\$17.45	\$22.23	\$0.00	\$33.45	\$4.99	\$9.91	\$2.19														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6847																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.48																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.70	\$133.48	\$0.00	\$17.45	\$22.23	\$0.00	\$33.45	\$4.99	\$9.91	\$2.19														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.67	\$139.35	\$0.00	\$17.67	\$22.64	\$0.00	\$50.92	\$4.99	\$9.91	\$2.19														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.93																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,657,798	\$4,955,480	\$0	\$700,505	\$657,929	\$0	\$1,211,181		\$1,132,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,373,676)	(\$97,601)	\$0	(\$318)	(\$1,631)	\$978	(\$204,987)		(\$1,070,117)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$167,053		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,171
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,518,346	\$4,857,879	\$0	\$700,187	\$656,298	\$978	\$1,006,194	\$167,053	\$62,586	\$67,171
8	Total Nursing Facility Days As Filed Days = 38,558	FY22 Audited C/R Days	36,415									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,558	FY22 GL-PL Ins Rpt Days								36,415		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.46	\$133.40	\$0.00	\$19.23	\$18.05	(with L&H)	\$27.63	\$4.59	\$1.72	\$1.84
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3994								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.33	\$0.00	\$19.23	\$18.05		\$27.63	\$4.59	\$1.72	\$1.84
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.35	\$95.33	\$0.00	\$19.23	\$18.05		\$27.63	\$4.59	16.68 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.35	\$95.33	\$0.00	\$19.23	\$18.05	\$0.00	\$27.63	\$4.59	\$16.68	\$1.84
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5477								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.56	\$147.54	\$0.00	\$19.23	\$18.05	\$0.00	\$27.63	\$4.59	\$16.68	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.09	\$153.97	\$0.00	\$19.45	\$18.46	\$0.00	\$45.10	\$4.59	\$16.68	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.24									

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

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Provider: PRUITTHEALTH - SPRING VALLEY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143096A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2702	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.19%	2.5%	Quarterly Medicaid PDPM:			1.4872	1.4431
							2.91	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5181	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,294,580	\$2,208,269	\$0	\$322,959	\$444,464	\$0	\$908,882		\$410,006	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$236,632)	(\$47,939)	\$0	\$0	\$7,315	\$4,383	(\$192,198)		(\$8,193)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,698			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,793	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,287,439	\$2,160,330	\$0	\$322,959	\$451,779	\$4,383	\$716,684	\$212,698	\$401,813	\$16,793	
8	Total Nursing Facility Days As Filed Days = 17,530	FY22 Audited C/R Days	17,523										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,530	FY22 GL-PL Ins Rpt Days								17,523			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.68	\$123.29	\$0.00	\$18.43	\$26.03	(with L&H)	\$40.90	\$12.14	\$22.93	\$0.96	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2702									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.06									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.06	\$0.00	\$18.43	\$26.03		\$40.90	\$12.14	\$22.93	\$0.96	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.95	\$97.06	\$0.00	\$18.43	\$26.03		\$38.83	\$12.14	11.50 (FRV)	\$0.96	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.95	\$97.06	\$0.00	\$18.43	\$26.03	\$0.00	\$38.83	\$12.14	\$11.50	\$0.96	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5181									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.35									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.24	\$147.35	\$0.00	\$18.43	\$26.03	\$0.00	\$38.83	\$12.14	\$11.50	\$0.96	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.68	\$3.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.83	\$10.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$283.07	\$157.45	\$0.00	\$18.65	\$26.44	\$0.00	\$55.93	\$12.14	\$11.50	\$0.96	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.48										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide		
Provider: WINTHROP HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3223	1.4040
Prvdr ID: 00143118A														Qtrly BIMS score	28.30%	1.0%	Quarterly Medicaid PDPM:	1.2734	1.4431
PDPM Per Diem Rate Effective Date: 7/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	3.64	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.2991	1.4722
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																			
			a	b	c	d	e	f	g	g	h	i							
<u>PDPM BASED RATE CALCULATIONS</u>																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,860,349	\$3,040,572	\$0	\$609,027	\$715,290	\$0	\$1,340,793		\$154,667	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$80,568)	\$0	\$0	\$0	(\$1,668)	(\$1,573)	(\$63,012)		(\$14,315)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$14,251
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,872,032	\$3,040,572	\$0	\$609,027	\$713,622	(\$1,573)	\$1,277,781	\$78,000	\$140,352	\$14,251							
8	Total Nursing Facility Days	As Filed Days = 23,183																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,183																	
											23,183								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.28	\$131.16	\$0.00	\$26.27	\$30.71	(with L&H)	\$55.12	\$3.36	\$6.05	\$0.61							
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3223															
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.19															
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.19	\$0.00	\$26.27	\$30.71		\$55.12	\$3.36	\$6.05	\$0.61							
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A								
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.59	\$99.19	\$0.00	\$26.27	\$30.71		\$38.83	\$3.36	20.62	\$0.61							
											(FRV)								
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.59	\$99.19	\$0.00	\$26.27	\$30.71	\$0.00	\$38.83	\$3.36	\$20.62	\$0.61							
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2991															
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.86															
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.26	\$128.86	\$0.00	\$26.27	\$30.71	\$0.00	\$38.83	\$3.36	\$20.62	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.15	\$5.15															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.96	\$135.83	\$0.00	\$26.49	\$31.12	\$0.00	\$55.93	\$3.36	\$20.62	\$0.61							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.65																

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

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Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 15.91% Nurse Hours per On-Site Day/Quality Incentive: 3.05				3.05	0.00% 0.0% 2.0%	Base Period Overall PDPMCM: 1.3292 Quarterly Medicaid PDPM: 1.2507 Qtrly Mcaid PDPM w RUG Wght Options: 1.2752			1.4040 1.4431 1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,288,241	\$2,908,637	\$0	\$807,404	\$892,193	\$0	\$1,413,831		\$266,176	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$154,723)	\$337,406	\$0	\$0	\$0	\$0	(\$479,234)		(\$12,895)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$141,828		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,895
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,288,241	\$3,246,043	\$0	\$807,404	\$892,193	\$0	\$934,597	\$141,828	\$253,281	\$12,895
8	Total Nursing Facility Days	As Filed Days = 18,099 FY22 Audited C/R Days	18,099									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,099 FY22 GL-PL Ins Rpt Days								18,099		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$347.44	\$179.35	\$0.00	\$44.61	\$49.30	(with L&H)	\$51.64	\$7.84	\$13.99	\$0.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3292								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$134.93	\$0.00	\$44.61	\$49.30		\$51.64	\$7.84	\$13.99	\$0.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.07	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$7.84	12.87 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$241.07	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$7.84	\$12.87	\$0.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2752								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$149.52								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.34	\$149.52	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$7.84	\$12.87	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.09	\$2.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$293.43	\$152.51	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$7.84	\$12.87	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.25									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3118	1.4040
Provider: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	27.78%	4.45	5.0%	1.3078	1.4431	1.3331	1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
Peer Group Standards & Efficiency Measure Limits																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,266,294	\$2,125,018	\$0	\$535,783	\$484,584	\$0	\$845,551		\$275,358	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$145,801)	\$0	\$0	\$0	(\$349)	(\$615)	(\$108,773)		(\$36,064)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$99,863												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,992										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,256,348	\$2,125,018	\$0	\$535,783	\$484,235	(\$615)	\$736,778	\$99,863	\$239,294	\$35,992										
8	Total Nursing Facility Days	As Filed Days = 14,320	14,320																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,320								14,320												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.23	\$148.40	\$0.00	\$37.42	\$33.77	<i>(with L&H)</i>	\$51.45	\$6.97	\$16.71	\$2.51										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3118																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.13																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.13	\$0.00	\$37.42	\$33.77		\$51.45	\$6.97	\$16.71	\$2.51										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.37	\$113.13	\$0.00	\$30.35	\$33.22		\$38.83	\$6.97	12.36 <i>(FRV)</i>	\$2.51										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$237.37	\$113.13	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.97	\$12.36	\$2.51										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3331																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.81																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.05	\$150.81	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.97	\$12.36	\$2.51										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.54	\$7.54																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$9.58	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$301.73	\$160.39	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.97	\$12.36	\$2.51										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.47																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.6064	1.4040	Qtrly BIMS score	37.70%	2.5%	Quarterly Medicaid PDPM:	1.8744	1.4431
PDPM BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,373,260	\$3,040,251	\$0	\$491,561	\$699,392	\$0	\$1,836,000		\$1,306,056	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$151,415)	(\$42,274)	\$0	(\$844)	\$0	\$28,711	(\$58,990)		(\$78,018)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$15,844														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,018												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,315,707	\$2,997,977	\$0	\$490,717	\$699,392	\$28,711	\$1,777,010	\$15,844	\$1,228,038	\$78,018												
8	Total Nursing Facility Days As Filed Days = 28,736	FY22 Audited C/R Days	28,736																					
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,736	FY22 GL-PL Ins Rpt Days								28,736														
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.59	\$104.33	\$0.00	\$17.08	\$25.34	(with L&H)	\$61.84	\$0.55	\$42.74	\$2.71												
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6064																				
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$64.95																				
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$17.08	\$25.34		\$61.84	\$0.55	\$42.74	\$2.71												
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A													
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.48	\$64.95	\$0.00	\$17.08	\$25.34		\$38.83	\$0.55	12.02 (FRV)	\$2.71												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.48	\$64.95	\$0.00	\$17.08	\$25.34	\$0.00	\$38.83	\$0.55	\$12.02	\$2.71												
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9133																				
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.27																				
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.80	\$124.27	\$0.00	\$17.08	\$25.34	\$0.00	\$38.83	\$0.55	\$12.02	\$2.71												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.90	\$131.64	\$0.00	\$17.30	\$25.75	\$0.00	\$55.93	\$0.55	\$12.02	\$2.71												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.60																					

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

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Provider: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 19.51% Nurse Hours per On-Site Day/Quality Incentive: 3.55				0.00%	0.0%	Base Period Overall PDPMCM: 1.5581 Quarterly Medicaid PDPM: 1.4137 Qtrly Mcaid PDPM w RUG Wght Options: 1.4422			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,628,668	\$1,966,385	\$0	\$303,150	\$361,931	\$0	\$853,582		\$143,620	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$294,805)	(\$41,012)	\$0	\$3,483	\$18	(\$822)	(\$208,752)		(\$47,720)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,697			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,120	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,574,680	\$1,925,373	\$0	\$306,633	\$361,949	(\$822)	\$644,830	\$212,697	\$95,900	\$28,120	
8	Total Nursing Facility Days	As Filed Days = 14,245 FY22 Audited C/R Days	14,245										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,245 FY22 GL-PL Ins Rpt Days								14,245			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.94	\$135.16	\$0.00	\$21.53	\$25.35	(with L&H)	\$45.27	\$14.93	\$6.73	\$1.97	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5581									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.75									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.75	\$0.00	\$21.53	\$25.35		\$45.27	\$14.93	\$6.73	\$1.97	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.68	\$86.75	\$0.00	\$21.53	\$25.35		\$38.83	\$14.93	13.32 (FRV)	\$1.97	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.68	\$86.75	\$0.00	\$21.53	\$25.35	\$0.00	\$38.83	\$14.93	\$13.32	\$1.97	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4422									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.11									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.04	\$125.11	\$0.00	\$21.53	\$25.35	\$0.00	\$38.83	\$14.93	\$13.32	\$1.97	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$265.56	\$131.90	\$0.00	\$21.75	\$25.76	\$0.00	\$55.93	\$14.93	\$13.32	\$1.97	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.35										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3601
Provider: MOUNTAIN VIEW HEALTH CARE Prvdr ID: 00143184A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	27.78%	3.50	3.0%	1.3601	1.4040	1.4431	1.4722
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,502,517	\$2,354,141	\$0	\$561,697	\$493,836	\$0	\$797,723		\$295,120	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$92,972)	\$0	\$0	\$0	\$0	\$0	(\$60,378)		(\$32,594)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,594									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,442,139	\$2,354,141	\$0	\$561,697	\$493,836	\$0	\$737,345	\$0	\$262,526	\$32,594									
8	Total Nursing Facility Days	As Filed Days = 22,579 FY22 Audited C/R Days	22,579																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,579 FY22 GL-PL Ins Rpt Days								22,579											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.74	\$104.26	\$0.00	\$24.88	\$21.87	<i>(with L&H)</i>	\$32.66	\$0.00	\$11.63	\$1.44									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3601																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.66																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.66	\$0.00	\$24.88	\$21.87		\$32.66	\$0.00	\$11.63	\$1.44									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.57	\$76.66	\$0.00	\$24.88	\$21.87		\$32.66	\$0.00	9.06 <i>(FRV)</i>	\$1.44									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.57	\$76.66	\$0.00	\$24.88	\$21.87	\$0.00	\$32.66	\$0.00	\$9.06	\$1.44									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3606																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$104.30																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.21	\$104.30	\$0.00	\$24.88	\$21.87	\$0.00	\$32.66	\$0.00	\$9.06	\$1.44									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$4.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$217.01	\$109.00	\$0.00	\$25.10	\$22.28	\$0.00	\$50.13	\$0.00	\$9.06	\$1.44									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.93																		

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,802,718	\$2,542,071	\$0	\$433,494	\$557,610	\$0	\$1,020,366		\$249,177	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$417,739)	(\$8,545)	\$0	\$0	\$1,377	\$1,668	(\$372,115)		(\$40,124)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$365,129		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,629
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,785,737	\$2,533,526	\$0	\$433,494	\$558,987	\$1,668	\$648,251	\$365,129	\$209,053	\$35,629
8	Total Nursing Facility Days	As Filed Days = 20,383 FY22 Audited C/R Days	20,383									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,383 FY22 GL-PL Ins Rpt Days								20,383		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.80	\$124.30	\$0.00	\$21.27	\$27.51	(with L&H)	\$31.80	\$17.91	\$10.26	\$1.75
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3377								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.92	\$0.00	\$21.27	\$27.51		\$31.80	\$17.91	\$10.26	\$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.50	\$92.92	\$0.00	\$21.27	\$27.51		\$31.80	\$17.91	12.34 (FRV)	\$1.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.50	\$92.92	\$0.00	\$21.27	\$27.51	\$0.00	\$31.80	\$17.91	\$12.34	\$1.75
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3682								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.71	\$127.13	\$0.00	\$21.27	\$27.51	\$0.00	\$31.80	\$17.91	\$12.34	\$1.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.26	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$265.97	\$135.29	\$0.00	\$21.49	\$27.92	\$0.00	\$49.27	\$17.91	\$12.34	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.65									

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

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Provider: PRUITTHEALTH - SYLVESTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143206A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.2326			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 20.43%		20.43%	1.0%	Quarterly Medicaid PDPM: 1.2871			1.4431	
						3.54	5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3117			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,901,121	\$3,702,402	\$0	\$606,927	\$836,133	\$0	\$1,320,404		\$435,255	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$448,114)	(\$15,281)	\$0	\$0	\$1,202	\$984	(\$428,900)		(\$6,119)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$415,342		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,868,349	\$3,687,121	\$0	\$606,927	\$837,335	\$984	\$891,504	\$415,342	\$429,136	\$0
8	Total Nursing Facility Days As Filed Days = 29,760	FY22 Audited C/R Days	29,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,760	FY22 GL-PL Ins Rpt Days								29,760		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.80	\$123.90	\$0.00	\$20.39	\$28.17	(with L&H)	\$29.96	\$13.96	\$14.42	\$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2326								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.52	\$0.00	\$20.39	\$28.17		\$29.96	\$13.96	\$14.42	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.02	\$100.52	\$0.00	\$20.39	\$28.17		\$29.96	\$13.96	12.02 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.02	\$100.52	\$0.00	\$20.39	\$28.17	\$0.00	\$29.96	\$13.96	\$12.02	\$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3117								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.35	\$131.85	\$0.00	\$20.39	\$28.17	\$0.00	\$29.96	\$13.96	\$12.02	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.59	\$6.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$8.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.89	\$140.29	\$0.00	\$20.61	\$28.58	\$0.00	\$47.43	\$13.96	\$12.02	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.34									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide
Provider: TATTNALL HEALTHCARE CENTER Prvdr ID: 00143228A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	1.2589	1.4040	32.20%	2.5%	1.1785	1.4431	2.97	3.0%	1.2022	1.4722
PDPM BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,518,688	\$2,387,056	\$0	\$451,267	\$470,197	\$0	\$661,660		\$548,508	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$90,578)	(\$4,360)	\$0	\$0	\$0	\$0	(\$61,161)		(\$25,057)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,161														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,057												
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,514,328	\$2,382,696	\$0	\$451,267	\$470,197	\$0	\$600,499	\$61,161	\$523,451	\$25,057												
8	Total Nursing Facility Days	As Filed Days = 26,447 FY22 Audited C/R Days	26,447																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,447 FY22 GL-PL Ins Rpt Days								26,447														
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.69	\$90.09	\$0.00	\$17.06	\$17.78	<i>(with L&H)</i>	\$22.71	\$2.31	\$19.79	\$0.95												
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2589																				
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.57																				
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.57	\$0.00	\$17.06	\$17.78		\$22.71	\$2.31	\$19.79	\$0.95												
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A													
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.67	\$71.57	\$0.00	\$17.06	\$17.78		\$22.71	\$2.31	9.29 <i>(FRV)</i>	\$0.95												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.67	\$71.57	\$0.00	\$17.06	\$17.78	\$0.00	\$22.71	\$2.31	\$9.29	\$0.95												
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2022																				
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$86.04																				
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.14	\$86.04	\$0.00	\$17.06	\$17.78	\$0.00	\$22.71	\$2.31	\$9.29	\$0.95												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.36	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$179.50	\$91.30	\$0.00	\$17.28	\$18.19	\$0.00	\$40.18	\$2.31	\$9.29	\$0.95												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.80																					

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2865	1.4040				
Provider: THOMSON HEALTH AND REHABILITATION Prvdr ID: 00143261A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2865	1.4040	1.2480	1.4431	1.2722	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,592,482	\$3,589,149	\$0	\$686,256	\$652,526	\$0	\$998,129		\$666,422	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$207,386)	\$0	\$0	\$0	(\$919)	(\$633)	(\$143,263)		(\$62,571)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$143,976																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,422														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,591,494	\$3,589,149	\$0	\$686,256	\$651,607	(\$633)	\$854,866	\$143,976	\$603,851	\$62,422														
8	Total Nursing Facility Days	As Filed Days = 30,739																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,739																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.43	\$116.76	\$0.00	\$22.33	\$21.18	(with L&H)	\$27.81	\$4.68	\$19.64	\$2.03														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2865																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.76																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.76	\$0.00	\$22.33	\$21.18		\$27.81	\$4.68	\$19.64	\$2.03														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.33	\$90.76	\$0.00	\$22.33	\$21.18		\$27.81	\$4.68	10.54 (FRV)	\$2.03														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.33	\$90.76	\$0.00	\$22.33	\$21.18	\$0.00	\$27.81	\$4.68	\$10.54	\$2.03														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2722																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.46																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.03	\$115.46	\$0.00	\$22.33	\$21.18	\$0.00	\$27.81	\$4.68	\$10.54	\$2.03														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.98	\$6.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$229.01	\$122.34	\$0.00	\$22.55	\$21.59	\$0.00	\$45.28	\$4.68	\$10.54	\$2.03														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.93																							

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

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Provider: REHABILITATION CENTER OF SOUTH GEORGIA		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143283A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.4126	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	47.71%	Quarterly Medicaid PDPM:				1.4207	1.4431	
					3.72	Qtrly Mcaid PDPM w RUG Wght Options:				1.4490	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,288,239	\$5,219,869	\$0	\$936,462	\$1,244,527	\$0	\$1,254,722		\$632,659	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$231,625)	\$0	\$0	\$0	\$0	\$81	(\$156,057)		(\$75,649)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$152,642		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,649
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,284,905	\$5,219,869	\$0	\$936,462	\$1,244,527	\$81	\$1,098,665	\$152,642	\$557,010	\$75,649
8	Total Nursing Facility Days	As Filed Days = 42,098 FY22 Audited C/R Days	42,098									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,098 FY22 GL-PL Ins Rpt Days								42,098		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.55	\$123.99	\$0.00	\$22.24	\$29.56	(with L&H)	\$26.10	\$3.63	\$13.23	\$1.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4126								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.78	\$0.00	\$22.24	\$29.56		\$26.10	\$3.63	\$13.23	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.97	\$87.78	\$0.00	\$22.24	\$29.56		\$26.10	\$3.63	10.86 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.97	\$87.78	\$0.00	\$22.24	\$29.56	\$0.00	\$26.10	\$3.63	\$10.86	\$1.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4490								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.38	\$127.19	\$0.00	\$22.24	\$29.56	\$0.00	\$26.10	\$3.63	\$10.86	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.00	\$7.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.99	\$13.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.37	\$141.08	\$0.00	\$22.46	\$29.97	\$0.00	\$43.57	\$3.63	\$10.86	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.20									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW TIFTON Pvdr ID: 00143294A H/B ? : NO				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: 07/01/24		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	BIMS: 22.5%	Nurse Hours per On-Site Day/Quality Incentive: 3.32	0.00%	1.0%	2.0%	Base Period Overall PDPM: 1.5141	Quarterly Medicaid PDPM: 1.9790	Qtrly Mcaid PDPM w RUG Wght Options: 2.0202	1.4040	1.4438	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	h	i	j			
CASE MIX BASED RATE CALCULATIONS															
Cost Center Peer Groups per Selected Options															
Type of Facility within Peer Group															
Bed Size Range within Peer Group															
Peer Group Standards & Efficiency Measure Limits															
Peer Group Standards: Percentile															
Peer Group Standards: Multiplier															
Efficiency Measures (Maximums)															
Base Period Per Diem Allowed Amounts															
Net Historical Cost 2021															
Inflation (July 2022) @ 5.90%															
Patient Days															
Total Nursing Facility Days GL-PL Ins. Rpt															
Inflated NHC/ Patient Days															
Base Period Facility PDPM for all Residents															
Routine Services PDPM Adjusted Net Per Diem															
Net Per Diems After PDPM Adjustments															
Per Diem Standards															
Base Period PDPM Adjusted Allowed Per Diem															
Quarterly Per Diem Rate Prior to Add-Ons															
Growth Allowance 0.000%															
PDPMA Allowed Per Diem After Growth Allowance															
Quarterly Facility PDPM for Medicaid Residents															
Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem															
Quarterly Medicaid PDPMA Allowed Per Diem															
Quarterly Per Diem Add-On Amounts															
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)															
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)															
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%															
Nursing Home Provider Fee															
Total Quarterly Per Diem Add-On Amounts															
Quarterly PDPM Based Per Diem Rate															
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%															

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,642,874	\$4,873,591	\$0	\$773,704	\$755,357	\$0	\$1,892,919		\$347,303	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$704,579)	(\$75,689)	\$0	\$0	\$0	\$413	(\$589,601)		(\$39,702)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$641,636		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,746
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,618,677	\$4,797,902	\$0	\$773,704	\$755,357	\$413	\$1,303,318	\$641,636	\$307,601	\$38,746
8	Total Nursing Facility Days As Filed Days = 37,890	FY22 Audited C/R Days	37,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,890	FY22 GL-PL Ins Rpt Days								37,890		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.47	\$126.63	\$0.00	\$20.42	\$19.95	(with L&H)	\$34.40	\$16.93	\$8.12	\$1.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3607								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.06	\$0.00	\$20.42	\$19.95		\$34.40	\$16.93	\$8.12	\$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.63	\$93.06	\$0.00	\$20.42	\$19.95		\$34.40	\$16.93	7.85 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.63	\$93.06	\$0.00	\$20.42	\$19.95	\$0.00	\$34.40	\$16.93	\$7.85	\$1.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4064								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.88								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.45	\$130.88	\$0.00	\$20.42	\$19.95	\$0.00	\$34.40	\$16.93	\$7.85	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.54	\$6.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.48	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.93	\$139.26	\$0.00	\$20.64	\$20.36	\$0.00	\$51.87	\$16.93	\$7.85	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.62									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3548	1.4040				
Provider: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3548	1.4040	1.3946	1.4431	1.4227	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,253,979	\$3,155,498	\$0	\$731,859	\$673,687	\$0	\$1,067,440		\$625,495	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$138,658)	\$0	\$0	\$0	\$0	\$0	(\$94,830)		(\$43,828)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$43,828							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,240,269	\$3,155,498	\$0	\$731,859	\$673,687	\$0	\$972,610	\$81,120	\$581,667	\$43,828														
8	Total Nursing Facility Days	As Filed Days = 25,585 FY22 Audited C/R Days	25,585																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,585 FY22 GL-PL Ins Rpt Days								25,585																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.89	\$123.33	\$0.00	\$28.61	\$26.33	(with L&H)	\$38.01	\$3.17	\$22.73	\$1.71														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3548																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.03																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$28.61	\$26.33		\$38.01	\$3.17	\$22.73	\$1.71														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.93	\$91.03	\$0.00	\$28.61	\$26.33		\$38.01	\$3.17	17.07 (FRV)	\$1.71														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.93	\$91.03	\$0.00	\$28.61	\$26.33	\$0.00	\$38.01	\$3.17	\$17.07	\$1.71														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4227																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.51																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.41	\$129.51	\$0.00	\$28.61	\$26.33	\$0.00	\$38.01	\$3.17	\$17.07	\$1.71														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, 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														
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.41	\$8.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.82	\$137.82	\$0.00	\$28.83	\$26.74	\$0.00	\$55.48	\$3.17	\$17.07	\$1.71														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.29																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,389,803	\$4,951,307	\$0	\$756,407	\$981,516	\$0	\$1,226,405		\$474,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$601,956)	(\$134,726)	\$0	\$0	\$6,258	\$5,873	(\$340,560)		(\$138,801)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$432,484		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$121,082
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,341,413	\$4,816,581	\$0	\$756,407	\$987,774	\$5,873	\$885,845	\$432,484	\$335,367	\$121,082
8	Total Nursing Facility Days	As Filed Days = 37,977 FY22 Audited C/R Days	37,977									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,977 FY22 GL-PL Ins Rpt Days								37,977		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.65	\$126.83	\$0.00	\$19.92	\$26.16	(with L&H)	\$23.33	\$11.39	\$8.83	\$3.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4821								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.57	\$0.00	\$19.92	\$26.16		\$23.33	\$11.39	\$8.83	\$3.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$85.57	\$0.00	\$19.92	\$26.16		\$23.33	\$11.39	17.19 (FRV)	\$3.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.75	\$85.57	\$0.00	\$19.92	\$26.16	\$0.00	\$23.33	\$11.39	\$17.19	\$3.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5670								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.27	\$134.09	\$0.00	\$19.92	\$26.16	\$0.00	\$23.33	\$11.39	\$17.19	\$3.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.70	\$6.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.94	\$142.66	\$0.00	\$20.14	\$26.57	\$0.00	\$40.80	\$11.39	\$17.19	\$3.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.63									

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

FINAL

Provider: CHATUGE REGIONAL NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143338A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3784	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.73%	1.0%	Quarterly Medicaid PDPM:			1.3374	1.4431
							4.22	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3639	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,596,826	\$4,511,278	\$0	\$1,286,277	\$421,712	\$846,149	\$1,185,705		\$345,705	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$582,739)	(\$471,887)	\$0	\$0	(\$4,540)	(\$9,108)	(\$97,204)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,014,087	\$4,039,391	\$0	\$1,286,277	\$417,172	\$837,041	\$1,088,501	\$0	\$345,705	\$0	
8	Total Nursing Facility Days	As Filed Days = 30,461 FY22 Audited C/R Days	30,461										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,461 FY22 GL-PL Ins Rpt Days								30,461			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.09	\$132.61	\$0.00	\$42.23	\$41.17	(with L&H)	\$35.73	\$0.00	\$11.35	\$0.00	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3784									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.20									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.20	\$0.00	\$42.23	\$41.17		\$35.73	\$0.00	\$11.35	\$0.00	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.11	\$96.20	\$0.00	\$36.63	\$33.22		\$35.73	\$0.00	13.33 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.11	\$96.20	\$0.00	\$36.63	\$33.22	\$0.00	\$35.73	\$0.00	\$13.33	\$0.00	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3639									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.21									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.12	\$131.21	\$0.00	\$36.63	\$33.22	\$0.00	\$35.73	\$0.00	\$13.33	\$0.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.78	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.37	\$136.99	\$0.00	\$36.63	\$33.22	\$0.00	\$53.20	\$0.00	\$13.33	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.20										

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

FINAL

Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143349A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3765			1.3765	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 37.50%		Nurse Hours per On-Site Day/Quality Incentive: 3.10		37.50%	2.5%	Quarterly Medicaid PDPM: 1.3238			1.3238	1.4431
							7.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3502			1.3502	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,735,613	\$1,866,625	\$0	\$437,638	\$407,615	\$0	\$785,753		\$237,982	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$96,521)	\$43	\$0	\$0	\$382	\$466	(\$90,407)		(\$7,005)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,019
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,685,111	\$1,866,668	\$0	\$437,638	\$407,997	\$466	\$695,346	\$39,000	\$230,977	\$7,019
8	Total Nursing Facility Days	As Filed Days = 16,229 FY22 Audited C/R Days	16,241									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,229 FY22 GL-PL Ins Rpt Days								16,241		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.90	\$114.94	\$0.00	\$26.95	\$25.15	(with L&H)	\$42.81	\$2.40	\$14.22	\$0.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3765								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.50	\$0.00	\$26.95	\$25.15		\$42.81	\$2.40	\$14.22	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.20	\$83.50	\$0.00	\$26.95	\$25.15		\$38.83	\$2.40	17.94 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.20	\$83.50	\$0.00	\$26.95	\$25.15	\$0.00	\$38.83	\$2.40	\$17.94	\$0.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3502								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.44	\$112.74	\$0.00	\$26.95	\$25.15	\$0.00	\$38.83	\$2.40	\$17.94	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.89	\$7.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.97	\$11.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.41	\$123.98	\$0.00	\$27.17	\$25.56	\$0.00	\$55.93	\$2.40	\$17.94	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.23									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,931,957	\$2,868,954	\$0	\$622,138	\$620,102	\$0	\$1,076,535		\$744,228	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$200,730)	\$31,576	\$0	(\$5,090)	\$0	\$5,090	(\$185,640)		(\$46,666)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$154,064		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,666
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,931,957	\$2,900,530	\$0	\$617,048	\$620,102	\$5,090	\$890,895	\$154,064	\$697,562	\$46,666
8	Total Nursing Facility Days	As Filed Days = 26,591 FY22 Audited C/R Days	26,591									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,591 FY22 GL-PL Ins Rpt Days								26,591		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.07	\$109.08	\$0.00	\$23.21	\$23.51	(with L&H)	\$33.50	\$5.79	\$26.23	\$1.75
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4387								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.82	\$0.00	\$23.21	\$23.51		\$33.50	\$5.79	\$26.23	\$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.77	\$75.82	\$0.00	\$23.21	\$23.51		\$33.50	\$5.79	16.19 (FRV)	\$1.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.77	\$75.82	\$0.00	\$23.21	\$23.51	\$0.00	\$33.50	\$5.79	\$16.19	\$1.75
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4076								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$106.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.67	\$106.72	\$0.00	\$23.21	\$23.51	\$0.00	\$33.50	\$5.79	\$16.19	\$1.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.50	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$235.17	\$113.12	\$0.00	\$23.43	\$23.92	\$0.00	\$50.97	\$5.79	\$16.19	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.55									

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

FINAL

Provider: TWIN OAKS CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143393A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4384	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.59%	1.0%	Quarterly Medicaid PDPM:			1.3353	1.4431
							4.56	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3617	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,777,306	\$3,873,430	\$0	\$777,161	\$533,262	\$443,257	\$1,522,443		\$627,753	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$186,241)	(\$116,059)	\$0	\$0	\$2,906	\$2,416	(\$54,222)		(\$21,282)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,281			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,398	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,782,744	\$3,757,371	\$0	\$777,161	\$536,168	\$445,673	\$1,468,221	\$170,281	\$606,471	\$21,398	
8	Total Nursing Facility Days	As Filed Days = 26,261		26,261									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,261								26,261			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$296.35	\$143.08	\$0.00	\$29.59	\$37.39	(with L&H)	\$55.91	\$6.48	\$23.09	\$0.81	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4384									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.47									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.47	\$0.00	\$29.59	\$37.39		\$55.91	\$6.48	\$23.09	\$0.81	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.18	\$99.47	\$0.00	\$29.59	\$33.22		\$38.83	\$6.48	20.78 (FRV)	\$0.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.18	\$99.47	\$0.00	\$29.59	\$33.22	\$0.00	\$38.83	\$6.48	\$20.78	\$0.81	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3617									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.45									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.16	\$135.45	\$0.00	\$29.59	\$33.22	\$0.00	\$38.83	\$6.48	\$20.78	\$0.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42									
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	\$24.62	\$7.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.78	\$142.75	\$0.00	\$29.81	\$33.22	\$0.00	\$55.93	\$6.48	\$20.78	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.51										

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

FINAL

Provider: UNION COUNTY NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143415A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4106	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.00%	5.5%	Quarterly Medicaid PDPM:			1.3251	1.4431
							4.13	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3511	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,452,464	\$5,343,065	\$0	\$1,172,755	\$629,243	\$829,254	\$1,596,444		\$881,703	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$133,553)	\$0	\$0	\$0	(\$10,026)	(\$13,213)	(\$89,237)		(\$21,077)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,211			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,741	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,385,863	\$5,343,065	\$0	\$1,172,755	\$619,217	\$816,041	\$1,507,207	\$46,211	\$860,626	\$20,741	
8	Total Nursing Facility Days	As Filed Days = 36,878											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,878								36,878			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.62	\$144.88	\$0.00	\$31.80	\$38.92	(with L&H)	\$40.87	\$1.25	\$23.34	\$0.56	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4106									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.70									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.70	\$0.00	\$31.80	\$38.92		\$40.87	\$1.25	\$23.34	\$0.56	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.53	\$102.70	\$0.00	\$31.80	\$33.22		\$38.83	\$1.25	13.17 (FRV)	\$0.56	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.53	\$102.70	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.25	\$13.17	\$0.56	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3511									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.76									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.59	\$138.76	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.25	\$13.17	\$0.56	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.63	\$7.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.16	\$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	\$29.64	\$12.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.23	\$151.08	\$0.00	\$32.02	\$33.22	\$0.00	\$55.93	\$1.25	\$13.17	\$0.56	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.60										

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

FINAL

Provider: PRUITTHEALTH - RICHMOND, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143426A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3499	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.23%	0.0%	Quarterly Medicaid PDPM:			1.7383	1.4431
							4.45	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.7738	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,061,523	\$3,419,012	\$0	\$572,048	\$535,963	\$0	\$1,060,758		\$473,742	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$556,141)	\$0	\$0	\$0	(\$541)	(\$652)	(\$545,344)		(\$9,604)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$132,942			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$9,582	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,647,906	\$3,419,012	\$0	\$572,048	\$535,422	(\$652)	\$515,414	\$132,942	\$464,138	\$9,582	
8	Total Nursing Facility Days	As Filed Days = 21,482											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,482								21,482			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.92	\$159.16	\$0.00	\$26.63	\$24.89	(with L&H)	\$23.99	\$6.19	\$21.61	\$0.45	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3499									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.91									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.91	\$0.00	\$26.63	\$24.89		\$23.99	\$6.19	\$21.61	\$0.45	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.43	\$117.25	\$0.00	\$26.63	\$24.89		\$23.99	\$6.19	21.03 (FRV)	\$0.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.43	\$117.25	\$0.00	\$26.63	\$24.89	\$0.00	\$23.99	\$6.19	\$21.03	\$0.45	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7738									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$207.98									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$311.16	\$207.98	\$0.00	\$26.63	\$24.89	\$0.00	\$23.99	\$6.19	\$21.03	\$0.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.24	\$6.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$335.50	\$214.22	\$0.00	\$26.85	\$25.30	\$0.00	\$41.46	\$6.19	\$21.03	\$0.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$238.80										

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

FINAL

Provider: CHULIO HILLS HEALTH AND REHAB Prvdr ID: 00143437A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 26.32% Nurse Hours per On-Site Day/Quality Incentive: 5.03				0.00%	1.0%	Base Period Overall PDPMCM: 1.9304 Quarterly Medicaid PDPM: 1.6767 Qtrly Mcaid PDPM w RUG Wght Options: 1.7102			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,037,540	\$4,232,360	\$0	\$539,101	\$570,365	\$0	\$1,023,530		\$672,184	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$454,550)	(\$81,121)	\$0	\$0	(\$38,688)	(\$34,958)	(\$272,635)		(\$27,148)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$182,511			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,989	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,790,490	\$4,151,239	\$0	\$539,101	\$531,677	(\$34,958)	\$750,895	\$182,511	\$645,036	\$24,989	
8	Total Nursing Facility Days	As Filed Days = 18,518 FY22 Audited C/R Days		16,625									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,518 FY22 GL-PL Ins Rpt Days								16,625			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$408.46	\$249.70	\$0.00	\$32.43	\$29.88	(with L&H)	\$45.17	\$10.98	\$38.80	\$1.50	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.9304									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$129.35									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$129.35	\$0.00	\$32.43	\$29.88		\$45.17	\$10.98	\$38.80	\$1.50	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.76	\$117.25	\$0.00	\$30.35	\$29.88		\$38.83	\$10.98	12.97 (FRV)	\$1.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$241.76	\$117.25	\$0.00	\$30.35	\$29.88	\$0.00	\$38.83	\$10.98	\$12.97	\$1.50	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7102									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$200.52									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$325.03	\$200.52	\$0.00	\$30.35	\$29.88	\$0.00	\$38.83	\$10.98	\$12.97	\$1.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.02	\$6.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.54	\$8.03	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$350.57	\$208.55	\$0.00	\$30.35	\$30.29	\$0.00	\$55.93	\$10.98	\$12.97	\$1.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$250.10										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3231	1.4040
Provider: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	20.34%	1.0%	3.47	6.0%	1.3442	1.4431	1.3712	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,209,114	\$2,056,517	\$0	\$501,225	\$490,429	\$0	\$807,308		\$353,635	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$117,311)	\$0	\$0	\$0	\$1,053	\$1,001	(\$80,843)		(\$38,522)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,684										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,202,247	\$2,056,517	\$0	\$501,225	\$491,482	\$1,001	\$726,465	\$71,760	\$315,113	\$38,684										
8	Total Nursing Facility Days	As Filed Days = 16,884 FY22 Audited C/R Days	16,884																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,884 FY22 GL-PL Ins Rpt Days								16,884												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.89	\$121.80	\$0.00	\$29.69	\$29.17	<i>(with L&H)</i>	\$43.03	\$4.25	\$18.66	\$2.29										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3231																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.06																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.06	\$0.00	\$29.69	\$29.17		\$43.03	\$4.25	\$18.66	\$2.29										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.44	\$92.06	\$0.00	\$29.69	\$29.17		\$38.83	\$4.25	9.15 <i>(FRV)</i>	\$2.29										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.44	\$92.06	\$0.00	\$29.69	\$29.17	\$0.00	\$38.83	\$4.25	\$9.15	\$2.29										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3712																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.23																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.61	\$126.23	\$0.00	\$29.69	\$29.17	\$0.00	\$38.83	\$4.25	\$9.15	\$2.29										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.57	\$7.57																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$9.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.70	\$135.59	\$0.00	\$29.91	\$29.58	\$0.00	\$55.93	\$4.25	\$9.15	\$2.29										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.20																			

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

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Provider: WASHINGTON CO EXTENDED CARE FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143481A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4662	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.40%	1.0%	Quarterly Medicaid PDPM:			1.4396	1.4431
							4.45	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4679	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,813,411	\$1,888,340	\$0	\$551,943	\$184,429	\$243,675	\$813,657		\$131,367	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$36,215)	(\$3,874)	\$0	\$0	\$0	\$0	(\$20,706)		(\$11,635)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$20,706			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$11,635	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,809,537	\$1,884,466	\$0	\$551,943	\$184,429	\$243,675	\$792,951	\$20,706	\$119,732	\$11,635	
8	Total Nursing Facility Days	As Filed Days = 16,608 FY22 Audited C/R Days	16,608										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,608 FY22 GL-PL Ins Rpt Days								16,608			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.39	\$113.47	\$0.00	\$33.23	\$25.78	(with L&H)	\$47.75	\$1.25	\$7.21	\$0.70	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4662									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.39									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.39	\$0.00	\$33.23	\$25.78		\$47.75	\$1.25	\$7.21	\$0.70	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.26	\$77.39	\$0.00	\$33.23	\$25.78		\$38.83	\$1.25	14.08 (FRV)	\$0.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.26	\$77.39	\$0.00	\$33.23	\$25.78	\$0.00	\$38.83	\$1.25	\$14.08	\$0.70	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4679									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.60									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.47	\$113.60	\$0.00	\$33.23	\$25.78	\$0.00	\$38.83	\$1.25	\$14.08	\$0.70	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$250.28	\$118.68	\$0.00	\$33.45	\$26.19	\$0.00	\$55.93	\$1.25	\$14.08	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.89										

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,122,091	\$6,150,824	\$0	\$811,283	\$1,058,546	\$0	\$1,786,589		\$1,314,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$278,586)	(\$37,711)	\$0	\$0	\$2,856	\$2,305	(\$198,556)		(\$47,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$201,781		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,712
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,092,998	\$6,113,113	\$0	\$811,283	\$1,061,402	\$2,305	\$1,588,033	\$201,781	\$1,267,369	\$47,712
8	Total Nursing Facility Days	As Filed Days = 51,084 FY22 Audited C/R Days	51,084									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 51,084 FY22 GL-PL Ins Rpt Days								51,084		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.15	\$119.67	\$0.00	\$15.88	\$20.82	(with L&H)	\$31.09	\$3.95	\$24.81	\$0.93
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4012								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.41	\$0.00	\$15.88	\$20.82		\$31.09	\$3.95	\$24.81	\$0.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.60	\$85.41	\$0.00	\$15.88	\$20.82		\$31.09	\$3.95	12.52 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.60	\$85.41	\$0.00	\$15.88	\$20.82	\$0.00	\$31.09	\$3.95	\$12.52	\$0.93
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5247								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.41	\$130.22	\$0.00	\$15.88	\$20.82	\$0.00	\$31.09	\$3.95	\$12.52	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.10	\$9.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.51	\$139.22	\$0.00	\$16.10	\$21.23	\$0.00	\$48.56	\$3.95	\$12.52	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.06									

Quarterly PDPM Based Per Diem Rate Calculations
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,964,143	\$6,067,483	\$0	\$788,885	\$894,272	\$0	\$2,124,818		\$1,088,685	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$368,966)	(\$34,890)	\$0	\$0	\$0	\$0	(\$252,535)		(\$81,541)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$226,733		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$81,541
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,903,451	\$6,032,593	\$0	\$788,885	\$894,272	\$0	\$1,872,283	\$226,733	\$1,007,144	\$81,541
8	Total Nursing Facility Days	As Filed Days = 56,179 FY22 Audited C/R Days	56,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,179 FY22 GL-PL Ins Rpt Days								56,179		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.09	\$107.38	\$0.00	\$14.04	\$15.92	(with L&H)	\$33.33	\$4.04	\$17.93	\$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5209								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.61	\$0.00	\$14.04	\$15.92		\$33.33	\$4.04	\$17.93	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.41	\$70.61	\$0.00	\$14.04	\$15.92		\$33.33	\$4.04	14.02 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.41	\$70.61	\$0.00	\$14.04	\$15.92	\$0.00	\$33.33	\$4.04	\$14.02	\$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6265								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.65	\$114.85	\$0.00	\$14.04	\$15.92	\$0.00	\$33.33	\$4.04	\$14.02	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.24	\$9.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$224.89	\$123.99	\$0.00	\$14.26	\$16.33	\$0.00	\$50.80	\$4.04	\$14.02	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.84									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,121,842	\$5,876,954	\$0	\$765,289	\$757,931	\$0	\$1,663,041		\$1,058,627	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$378,860)	(\$69,204)	\$0	\$0	\$0	\$0	(\$240,900)		(\$68,756)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$249,177		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$68,756
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,060,915	\$5,807,750	\$0	\$765,289	\$757,931	\$0	\$1,422,141	\$249,177	\$989,871	\$68,756
8	Total Nursing Facility Days As Filed Days = 46,360	FY22 Audited C/R Days	46,360									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,360	FY22 GL-PL Ins Rpt Days								46,360		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.02	\$125.28	\$0.00	\$16.51	\$16.35	(with L&H)	\$30.68	\$5.37	\$21.35	\$1.48
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4526								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.24	\$0.00	\$16.51	\$16.35		\$30.68	\$5.37	\$21.35	\$1.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.11	\$86.24	\$0.00	\$16.51	\$16.35		\$30.68	\$5.37	11.48 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.11	\$86.24	\$0.00	\$16.51	\$16.35	\$0.00	\$30.68	\$5.37	\$11.48	\$1.48
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6796								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$144.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.72	\$144.85	\$0.00	\$16.51	\$16.35	\$0.00	\$30.68	\$5.37	\$11.48	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.97	\$7.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.50	\$11.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.22	\$156.25	\$0.00	\$16.73	\$16.76	\$0.00	\$48.15	\$5.37	\$11.48	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.34									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,435,662	\$2,852,736	\$0	\$410,645	\$527,216	\$0	\$900,758		\$744,307	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$406,514)	(\$6,694)	\$0	\$0	(\$1,314)	(\$1,508)	(\$377,455)		(\$19,543)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$361,070		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,129
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,403,347	\$2,846,042	\$0	\$410,645	\$525,902	(\$1,508)	\$523,303	\$361,070	\$724,764	\$13,129
8	Total Nursing Facility Days	As Filed Days = 21,979 FY22 Audited C/R Days	21,979									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,979 FY22 GL-PL Ins Rpt Days								21,979		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$245.85	\$129.49	\$0.00	\$18.68	\$23.86	(with L&H)	\$23.81	\$16.43	\$32.98	\$0.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6837								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.91								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$18.68	\$23.86		\$23.81	\$16.43	\$32.98	\$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.19	\$76.91	\$0.00	\$18.68	\$23.86		\$23.81	\$16.43	23.90 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.19	\$76.91	\$0.00	\$18.68	\$23.86	\$0.00	\$23.81	\$16.43	\$23.90	\$0.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6448								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.78	\$126.50	\$0.00	\$18.68	\$23.86	\$0.00	\$23.81	\$16.43	\$23.90	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.06	\$5.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.96	\$6.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.74	\$133.36	\$0.00	\$18.90	\$24.27	\$0.00	\$41.28	\$16.43	\$23.90	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.23									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.1559	1.4040				
Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.1559	1.4040	1.1849	1.4431	1.2086	1.4722
PDPM BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$2,848,375	\$1,445,179	\$0	\$318,269	\$265,392	\$0	\$518,572		\$300,963	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$50,311)	\$0	\$0	\$0	\$0	\$0	(\$31,998)		(\$18,313)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$18,313							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$2,816,377	\$1,445,179	\$0	\$318,269	\$265,392	\$0	\$486,574	\$0	\$282,650	\$18,313														
8	Total Nursing Facility Days	As Filed Days = 14,407																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,407																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.48	\$100.31	\$0.00	\$22.09	\$18.42	(with L&H)	\$33.77	\$0.00	\$19.62	\$1.27														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1559																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.78																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.78	\$0.00	\$22.09	\$18.42		\$33.77	\$0.00	\$19.62	\$1.27														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.33	\$86.78	\$0.00	\$22.09	\$18.42		\$33.77	\$0.00	12.00 (FRV)	\$1.27														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.33	\$86.78	\$0.00	\$22.09	\$18.42	\$0.00	\$33.77	\$0.00	\$12.00	\$1.27														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2086																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$104.88																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.43	\$104.88	\$0.00	\$22.09	\$18.42	\$0.00	\$33.77	\$0.00	\$12.00	\$1.27														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.83	\$111.18	\$0.00	\$22.31	\$18.83	\$0.00	\$51.24	\$0.00	\$12.00	\$1.27														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.80																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,080,604	\$2,954,947	\$0	\$524,583	\$537,286	\$0	\$847,851		\$1,215,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$242,238)	\$300	\$0	\$0	\$0	\$0	(\$210,214)		(\$32,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,885		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,324
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,920,575	\$2,955,247	\$0	\$524,583	\$537,286	\$0	\$637,637	\$49,885	\$1,183,613	\$32,324
8	Total Nursing Facility Days	As Filed Days = 27,424 FY22 Audited C/R Days	27,424									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,424 FY22 GL-PL Ins Rpt Days								27,424		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.89	\$107.76	\$0.00	\$19.13	\$19.59	(with L&H)	\$23.25	\$1.82	\$43.16	\$1.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3914								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.45	\$0.00	\$19.13	\$19.59		\$23.25	\$1.82	\$43.16	\$1.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.26	\$77.45	\$0.00	\$19.13	\$19.59		\$23.25	\$1.82	9.84 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.26	\$77.45	\$0.00	\$19.13	\$19.59	\$0.00	\$23.25	\$1.82	\$9.84	\$1.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3693								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$106.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.86	\$106.05	\$0.00	\$19.13	\$19.59	\$0.00	\$23.25	\$1.82	\$9.84	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$202.67	\$109.76	\$0.00	\$19.35	\$20.00	\$0.00	\$40.72	\$1.82	\$9.84	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.18									

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

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Provider: PRUITTHEALTH - WASHINGTON		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143569A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance:	N/A	Base Period Overall PDPMCM:				1.3732	1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.39%	Quarterly Medicaid PDPM:				1.3583	1.4431	
					2.73	Qtrly Mcaid PDPM w RUG Wght Options:				1.3856	1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,361,395	\$1,665,855	\$0	\$272,909	\$457,111	\$0	\$845,099		\$120,421	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$194,148)	(\$31,279)	\$0	\$0	\$0	\$57	(\$141,112)		(\$21,814)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$166,613		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,557
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,352,417	\$1,634,576	\$0	\$272,909	\$457,111	\$57	\$703,987	\$166,613	\$98,607	\$18,557
8	Total Nursing Facility Days As Filed Days = 14,332	FY22 Audited C/R Days	14,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,332	FY22 GL-PL Ins Rpt Days								14,332		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.91	\$114.05	\$0.00	\$19.04	\$31.90	(with L&H)	\$49.12	\$11.63	\$6.88	\$1.29
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3732								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.05	\$0.00	\$19.04	\$31.90		\$49.12	\$11.63	\$6.88	\$1.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.57	\$83.05	\$0.00	\$19.04	\$31.90		\$38.83	\$11.63	11.83 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.57	\$83.05	\$0.00	\$19.04	\$31.90	\$0.00	\$38.83	\$11.63	\$11.83	\$1.29
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3856								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.59	\$115.07	\$0.00	\$19.04	\$31.90	\$0.00	\$38.83	\$11.63	\$11.83	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.75	\$122.50	\$0.00	\$19.26	\$32.31	\$0.00	\$55.93	\$11.63	\$11.83	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.24									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,154,071	\$3,280,141	\$0	\$721,322	\$586,263	\$0	\$921,398		\$644,947	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$169,878)	\$0	\$0	\$0	\$0	\$0	(\$108,899)		(\$60,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,738		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$60,979
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,156,910	\$3,280,141	\$0	\$721,322	\$586,263	\$0	\$812,499	\$111,738	\$583,968	\$60,979
8	Total Nursing Facility Days As Filed Days = 27,818	FY22 Audited C/R Days	27,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,818	FY22 GL-PL Ins Rpt Days								27,818		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.32	\$117.91	\$0.00	\$25.93	\$21.07	(with L&H)	\$29.21	\$4.02	\$20.99	\$2.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3545								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.05	\$0.00	\$25.93	\$21.07		\$29.21	\$4.02	\$20.99	\$2.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.74	\$87.05	\$0.00	\$25.93	\$21.07		\$29.21	\$4.02	14.27 (FRV)	\$2.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.74	\$87.05	\$0.00	\$25.93	\$21.07	\$0.00	\$29.21	\$4.02	\$14.27	\$2.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3151								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.17	\$114.48	\$0.00	\$25.93	\$21.07	\$0.00	\$29.21	\$4.02	\$14.27	\$2.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$6.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.09	\$121.30	\$0.00	\$26.15	\$21.48	\$0.00	\$46.68	\$4.02	\$14.27	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.24									

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

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Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143613A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2975	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.56%	2.5%	Quarterly Medicaid PDPM:			1.3020	1.4431
							3.64	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3283	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,740,345	\$3,567,159	\$0	\$696,630	\$705,659	\$0	\$1,251,063		\$519,834	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$138,875)	\$0	\$0	\$0	\$0	\$4,074	(\$107,025)		(\$35,924)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,260			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,924	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,728,654	\$3,567,159	\$0	\$696,630	\$705,659	\$4,074	\$1,144,038	\$91,260	\$483,910	\$35,924	
8	Total Nursing Facility Days	As Filed Days = 30,767											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,767								30,767			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.70	\$115.94	\$0.00	\$22.64	\$23.07	(with L&H)	\$37.18	\$2.97	\$15.73	\$1.17	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2975									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.36									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.36	\$0.00	\$22.64	\$23.07		\$37.18	\$2.97	\$15.73	\$1.17	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.67	\$89.36	\$0.00	\$22.64	\$23.07		\$37.18	\$2.97	9.28 (FRV)	\$1.17	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.67	\$89.36	\$0.00	\$22.64	\$23.07	\$0.00	\$37.18	\$2.97	\$9.28	\$1.17	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3283									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.70									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.01	\$118.70	\$0.00	\$22.64	\$23.07	\$0.00	\$37.18	\$2.97	\$9.28	\$1.17	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.75	\$4.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.35	\$8.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.36	\$126.95	\$0.00	\$22.86	\$23.48	\$0.00	\$54.65	\$2.97	\$9.28	\$1.17	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.20										

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

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Provider: TRADITIONS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143701A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5513	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.83%	2.5%	Quarterly Medicaid PDPM:			1.4016	1.4431
							3.51	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4296	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,124,016	\$4,869,617	\$0	\$865,467	\$1,197,411	\$0	\$1,792,024		\$399,497	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$316,781)	\$0	\$0	\$0	\$8,963	\$10,523	(\$209,051)		(\$127,216)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$141,960			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$129,286	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,078,481	\$4,869,617	\$0	\$865,467	\$1,206,374	\$10,523	\$1,582,973	\$141,960	\$272,281	\$129,286	
8	Total Nursing Facility Days As Filed Days = 40,227	FY22 Audited C/R Days	40,227										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,227	FY22 GL-PL Ins Rpt Days								40,227			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.67	\$121.05	\$0.00	\$21.51	\$30.25	(with L&H)	\$39.35	\$3.53	\$6.77	\$3.21	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5513									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.03									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$21.51	\$30.25		\$39.35	\$3.53	\$6.77	\$3.21	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.55	\$78.03	\$0.00	\$21.51	\$30.25		\$38.83	\$3.53	12.19 (FRV)	\$3.21	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.55	\$78.03	\$0.00	\$21.51	\$30.25	\$0.00	\$38.83	\$3.53	\$12.19	\$3.21	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4296									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.55									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.07	\$111.55	\$0.00	\$21.51	\$30.25	\$0.00	\$38.83	\$3.53	\$12.19	\$3.21	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.46	\$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	\$25.51	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.58	\$119.33	\$0.00	\$21.73	\$30.66	\$0.00	\$55.93	\$3.53	\$12.19	\$3.21	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.11										

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

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Provider: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 37.50% Nurse Hours per On-Site Day/Quality Incentive: 3.22				N/A	0.00% 2.5% 5.0%	Base Period Overall PDPMCM: 1.5742 Quarterly Medicaid PDPM: 1.5945 Qtrly Mcaid PDPM w RUG Wght Options: 1.6267			1.4040 1.4431 1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,535,707	\$4,181,625	\$0	\$806,233	\$904,131	\$0	\$1,394,630		\$249,088	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$617,200)	(\$30,134)	\$0	\$0	\$3,505	\$4,416	(\$522,773)		(\$72,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$538,834		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,929
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,525,270	\$4,151,491	\$0	\$806,233	\$907,636	\$4,416	\$871,857	\$538,834	\$176,874	\$67,929
8	Total Nursing Facility Days As Filed Days = 34,434	FY22 Audited C/R Days	34,434									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,434	FY22 GL-PL Ins Rpt Days								34,434		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.54	\$120.56	\$0.00	\$23.41	\$26.49	(with L&H)	\$25.32	\$15.65	\$5.14	\$1.97
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5742								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.59	\$0.00	\$23.41	\$26.49		\$25.32	\$15.65	\$5.14	\$1.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.04	\$76.59	\$0.00	\$23.41	\$26.49		\$25.32	\$15.65	9.61 (FRV)	\$1.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.04	\$76.59	\$0.00	\$23.41	\$26.49	\$0.00	\$25.32	\$15.65	\$9.61	\$1.97
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6267								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.04	\$124.59	\$0.00	\$23.41	\$26.49	\$0.00	\$25.32	\$15.65	\$9.61	\$1.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.23	\$6.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.97	\$9.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.01	\$134.46	\$0.00	\$23.63	\$26.90	\$0.00	\$42.79	\$15.65	\$9.61	\$1.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.43									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2097	1.4040				
Provider: QUINTON MEM HC & REHAB CENTER Prvdr ID: 00150279A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2097	1.4040	1.1839	1.4431	1.2073	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,073,502	\$3,749,747	\$0	\$640,924	\$688,169	\$0	\$1,753,491		\$241,171	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$250,529)	\$0	\$0	\$0	(\$2,288)	(\$2,678)	(\$230,569)		(\$14,994)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$230,569																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$14,886							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,068,428	\$3,749,747	\$0	\$640,924	\$685,881	(\$2,678)	\$1,522,922	\$230,569	\$226,177	\$14,886														
8	Total Nursing Facility Days	As Filed Days = 26,578																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,578																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$265.95	\$141.08	\$0.00	\$24.11	\$25.71	(with L&H)	\$57.30	\$8.68	\$8.51	\$0.56														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2097																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$116.63																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$116.63	\$0.00	\$24.11	\$25.71		\$57.30	\$8.68	\$8.51	\$0.56														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.22	\$116.63	\$0.00	\$24.11	\$25.71		\$38.83	\$8.68	21.70 (FRV)	\$0.56														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.22	\$116.63	\$0.00	\$24.11	\$25.71	\$0.00	\$38.83	\$8.68	\$21.70	\$0.56														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2073																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.81																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.40	\$140.81	\$0.00	\$24.11	\$25.71	\$0.00	\$38.83	\$8.68	\$21.70	\$0.56														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.10	\$0.47	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$284.23	\$146.91	\$0.00	\$24.33	\$26.12	\$0.00	\$55.93	\$8.68	\$21.70	\$0.56														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.35																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: CHRISTIAN CITY REHABILITATION CENTER Prvdr ID: 00158034A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.00% Nurse Hours per On-Site Day/Quality Incentive: 3.59			Facility Score Add-on Percent N/A 0.00% 2.5% 5.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.4370 Quarterly Medicaid PDPM: 1.4478 Qtrly Mcaid PDPM w RUG Wght Options: 1.4770			Facility Specific State-wide 1.4370 1.4040 1.4478 1.4431 1.4770 1.4722	
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,745,833	\$7,701,875	\$0	\$1,440,507	\$1,214,821	\$0	\$2,930,157		\$458,473	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$788,059)	(\$112,397)	\$0	\$0	\$9,668	\$5,758	(\$624,429)		(\$66,659)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$708,992		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,064
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$13,702,830	\$7,589,478	\$0	\$1,440,507	\$1,224,489	\$5,758	\$2,305,728	\$708,992	\$391,814	\$36,064
8	Total Nursing Facility Days	As Filed Days = 61,125 FY22 Audited C/R Days	61,125									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 61,125 FY22 GL-PL Ins Rpt Days								61,125		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.18	\$124.16	\$0.00	\$23.57	\$20.13	(with L&H)	\$37.72	\$11.60	\$6.41	\$0.59
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4370								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.40	\$0.00	\$23.57	\$20.13		\$37.72	\$11.60	\$6.41	\$0.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.55	\$86.40	\$0.00	\$23.57	\$20.13		\$37.72	\$11.60	17.54 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.55	\$86.40	\$0.00	\$23.57	\$20.13	\$0.00	\$37.72	\$11.60	\$17.54	\$0.59
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4770								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.76	\$127.61	\$0.00	\$23.57	\$20.13	\$0.00	\$37.72	\$11.60	\$17.54	\$0.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.38	\$6.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.10	\$10.10	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.86	\$137.71	\$0.00	\$23.79	\$20.54	\$0.00	\$38.09	\$11.60	\$17.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.40									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,127,799	\$5,738,163	\$0	\$846,678	\$813,310	\$0	\$2,545,739		\$183,909	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$926,199)	(\$4,755)	\$0	\$0	(\$5,657)	(\$5,676)	(\$831,168)		(\$78,943)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$85,257
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,418,757	\$5,733,408	\$0	\$846,678	\$807,653	(\$5,676)	\$1,714,571	\$131,900	\$104,966	\$85,257
8	Total Nursing Facility Days As Filed Days = 41,816	FY22 Audited C/R Days	41,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,816	FY22 GL-PL Ins Rpt Days								41,816		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.24	\$137.11	\$0.00	\$20.25	\$19.18	(with L&H)	\$41.00	\$3.15	\$2.51	\$2.04
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3353								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.68	\$0.00	\$20.25	\$19.18		\$41.00	\$3.15	\$2.51	\$2.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.75	\$102.68	\$0.00	\$20.25	\$19.18		\$38.83	\$3.15	11.62 (FRV)	\$2.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.75	\$102.68	\$0.00	\$20.25	\$19.18	\$0.00	\$38.83	\$3.15	\$11.62	\$2.04
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7662								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$181.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.42	\$181.35	\$0.00	\$20.25	\$19.18	\$0.00	\$38.83	\$3.15	\$11.62	\$2.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.44	\$5.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.70	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$300.12	\$187.32	\$0.00	\$20.47	\$19.59	\$0.00	\$55.93	\$3.15	\$11.62	\$2.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.27									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,681,372	\$2,837,539	\$0	\$611,794	\$527,854	\$0	\$616,246		\$87,939	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$101,241)	\$0	\$0	\$0	\$0	\$2,727	(\$50,908)		(\$53,060)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$48,181		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$53,060
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,681,372	\$2,837,539	\$0	\$611,794	\$527,854	\$2,727	\$565,338	\$48,181	\$34,879	\$53,060
8	Total Nursing Facility Days	As Filed Days = 25,430 FY22 Audited C/R Days	25,430									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,430 FY22 GL-PL Ins Rpt Days								25,430		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.08	\$111.58	\$0.00	\$24.06	\$20.86	(with L&H)	\$22.23	\$1.89	\$1.37	\$2.09
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2392								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.04	\$0.00	\$24.06	\$20.86		\$22.23	\$1.89	\$1.37	\$2.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.74	\$90.04	\$0.00	\$24.06	\$20.86		\$22.23	\$1.89	8.57 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.74	\$90.04	\$0.00	\$24.06	\$20.86	\$0.00	\$22.23	\$1.89	\$8.57	\$2.09
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4862								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.52	\$133.82	\$0.00	\$24.06	\$20.86	\$0.00	\$22.23	\$1.89	\$8.57	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$237.50	\$139.70	\$0.00	\$24.28	\$21.27	\$0.00	\$39.70	\$1.89	\$8.57	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.30									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PARKSIDE POST ACUTE AND REHABILITATION Prvdr ID: 00169199A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 37.61% Nurse Hours per On-Site Day/Quality Incentive: 3.56 2.0%				Base Period Overall PDPMCM: 1.4137 Quarterly Medicaid PDPM: 1.2884 Qtrly Mcaid PDPM w RUG Wght Options: 1.3139				Facility Specific: 1.4137 State-wide: 1.4040 1.2884 1.4431 1.3139 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,592,981	\$6,455,764	\$0	\$1,202,109	\$1,318,843	\$0	\$2,318,539		\$1,297,726	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$465,362)	\$0	\$0	\$0	\$0	\$0	(\$355,556)		(\$109,806)	
As Filed FY22 GL/PL Rpt												
As Filed FY22 C/R												
7	As Filed Cost Center Costs (GL/PL)	FY22 Audited C/R	\$12,592,981	\$6,455,764	\$0	\$1,202,109	\$1,318,843	\$0	\$1,962,983	\$355,556	\$1,187,920	\$109,806
8	Total Nursing Facility Days	FY22 Audited C/R Days	55,305									
8	Total Nursing Facility Days GL-PL Ins. Rpt	FY22 GL-PL Ins Rpt Days								55,305		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.71	\$116.73	\$0.00	\$21.74	\$23.85	(with L&H)	\$35.49	\$6.43	\$21.48	\$1.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4137								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.57	\$0.00	\$21.74	\$23.85		\$35.49	\$6.43	\$21.48	\$1.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$82.57	\$0.00	\$21.74	\$23.85		\$35.49	\$6.43	12.70 (FRV)	\$1.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$82.57	\$0.00	\$21.74	\$23.85	\$0.00	\$35.49	\$6.43	\$12.70	\$1.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3139								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.69	\$108.49	\$0.00	\$21.74	\$23.85	\$0.00	\$35.49	\$6.43	\$12.70	\$1.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.17	\$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	\$23.51	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$234.20	\$113.90	\$0.00	\$21.96	\$24.26	\$0.00	\$52.96	\$6.43	\$12.70	\$1.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.83									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,258,710	\$6,490,876	\$0	\$872,997	\$862,213	\$0	\$1,569,168		\$1,463,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$348,448)	(\$453,470)	\$0	\$0	\$723	\$755	\$175,421		(\$71,877)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$25,233		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,396
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,958,891	\$6,037,406	\$0	\$872,997	\$862,936	\$755	\$1,744,589	\$25,233	\$1,391,579	\$23,396
8	Total Nursing Facility Days As Filed Days = 43,190	FY22 Audited C/R Days	43,184									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,190	FY22 GL-PL Ins Rpt Days								43,184		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.77	\$139.81	\$0.00	\$20.22	\$20.00	(with L&H)	\$40.40	\$0.58	\$32.22	\$0.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4607								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.22	\$20.00		\$40.40	\$0.58	\$32.22	\$0.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.73	\$95.71	\$0.00	\$20.22	\$20.00		\$38.83	\$0.58	10.85 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.73	\$95.71	\$0.00	\$20.22	\$20.00	\$0.00	\$38.83	\$0.58	\$10.85	\$0.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5487								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$148.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.25	\$148.23	\$0.00	\$20.22	\$20.00	\$0.00	\$38.83	\$0.58	\$10.85	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.71	\$3.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.18	\$155.43	\$0.00	\$20.44	\$20.41	\$0.00	\$55.93	\$0.58	\$10.85	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.31									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3860	1.4040
Provider: FAIRBURN HEALTH CARE CENTER Prvdr ID: 00173071A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	25.84%	1.0%	2.02	1.0%	1.5109	1.4431	1.5419	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,692,180	\$3,709,888	\$0	\$598,533	\$436,111	\$0	\$1,031,114		\$916,534	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$259,931)	(\$19,203)	\$0	\$3,638	\$0	\$0	(\$200,227)		(\$44,139)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$147,206												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,931										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,619,386	\$3,690,685	\$0	\$602,171	\$436,111	\$0	\$830,887	\$147,206	\$872,395	\$39,931										
8	Total Nursing Facility Days	As Filed Days = 34,254 FY22 Audited C/R Days	34,254																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,254 FY22 GL-PL Ins Rpt Days								34,254												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.25	\$107.74	\$0.00	\$17.58	\$12.73	<i>(with L&H)</i>	\$24.26	\$4.30	\$25.47	\$1.17										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3860																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.73																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.73	\$0.00	\$17.58	\$12.73		\$24.26	\$4.30	\$25.47	\$1.17										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.34	\$77.73	\$0.00	\$17.58	\$12.73		\$24.26	\$4.30	10.57 <i>(FRV)</i>	\$1.17										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.34	\$77.73	\$0.00	\$17.58	\$12.73	\$0.00	\$24.26	\$4.30	\$10.57	\$1.17										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5419																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.85																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.46	\$119.85	\$0.00	\$17.58	\$12.73	\$0.00	\$24.26	\$4.30	\$10.57	\$1.17										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.20	\$1.20																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.03	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$211.49	\$122.78	\$0.00	\$17.80	\$13.14	\$0.00	\$41.73	\$4.30	\$10.57	\$1.17										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.79																			

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

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Provider: THE OAKS - SCENIC VIEW SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00178307A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5145	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.03%	1.0%	Quarterly Medicaid PDPM:			1.4237	1.4431
							3.09	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4526	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,987,625	\$4,579,524	\$0	\$547,478	\$821,793	\$0	\$1,614,434		\$424,396	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$639,274)	(\$103,479)	\$0	\$0	(\$3,892)	(\$4,648)	(\$460,307)		(\$66,948)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$524,653			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,535	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,927,539	\$4,476,045	\$0	\$547,478	\$817,901	(\$4,648)	\$1,154,127	\$524,653	\$357,448	\$54,535	
8	Total Nursing Facility Days	As Filed Days = 33,677											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,677											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.40	\$132.91	\$0.00	\$16.26	\$24.15	(with L&H)	\$34.27	\$15.58	\$10.61	\$1.62	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5145									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.76									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.76	\$0.00	\$16.26	\$24.15		\$34.27	\$15.58	\$10.61	\$1.62	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.40	\$87.76	\$0.00	\$16.26	\$24.15		\$34.27	\$15.58	9.76 (FRV)	\$1.62	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.40	\$87.76	\$0.00	\$16.26	\$24.15	\$0.00	\$34.27	\$15.58	\$9.76	\$1.62	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4526									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.48									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.12	\$127.48	\$0.00	\$16.26	\$24.15	\$0.00	\$34.27	\$15.58	\$9.76	\$1.62	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.37	\$6.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.27	\$8.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.39	\$135.65	\$0.00	\$16.48	\$24.56	\$0.00	\$51.74	\$15.58	\$9.76	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.72										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid PDPM:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: PRUITTHEALTH - MARIETTA Prvdr ID: 00202507A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	34.12%	2.97	N/A	0.00%	2.5%	5.0%	1.4735	1.4040	1.3860	1.4431	1.4140	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,143,687	\$3,760,472	\$0	\$545,850	\$645,449	\$0	\$1,387,425		\$804,491	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$513,164)	(\$50,423)	\$0	\$0	(\$1,314)	(\$1,275)	(\$390,875)		(\$69,277)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$422,443															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,694													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,119,660	\$3,710,049	\$0	\$545,850	\$644,135	(\$1,275)	\$996,550	\$422,443	\$735,214	\$66,694													
8	Total Nursing Facility Days	As Filed Days = 32,547 FY22 Audited C/R Days	32,547																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,547 FY22 GL-PL Ins Rpt Days								32,547															
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.75	\$113.99	\$0.00	\$16.77	\$19.75	(with L&H)	\$30.62	\$12.98	\$22.59	\$2.05													
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4735																					
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.36																					
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.36	\$0.00	\$16.77	\$19.75		\$30.62	\$12.98	\$22.59	\$2.05													
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A														
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.81	\$77.36	\$0.00	\$16.77	\$19.75		\$30.62	\$12.98	15.28 <i>(FRV)</i>	\$2.05													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.81	\$77.36	\$0.00	\$16.77	\$19.75	\$0.00	\$30.62	\$12.98	\$15.28	\$2.05													
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4140																					
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.39																					
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.84	\$109.39	\$0.00	\$16.77	\$19.75	\$0.00	\$30.62	\$12.98	\$15.28	\$2.05													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.83	\$8.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$233.67	\$118.12	\$0.00	\$16.99	\$20.16	\$0.00	\$48.09	\$12.98	\$15.28	\$2.05													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.43																						

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

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Provider: GORDON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00202848A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4452	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid PDPM:			1.3233	1.4431
							3.07	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3500	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,037,976	\$4,004,766	\$0	\$759,417	\$746,448	\$0	\$1,567,579		\$959,766	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$252,946)	\$11,217	\$0	(\$400)	\$0	\$0	(\$224,960)		(\$38,803)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,260			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,803	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,915,093	\$4,015,983	\$0	\$759,017	\$746,448	\$0	\$1,342,619	\$91,260	\$920,963	\$38,803	
8	Total Nursing Facility Days	As Filed Days = 35,043 FY22 Audited C/R Days	35,025										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,043 FY22 GL-PL Ins Rpt Days								35,025			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.98	\$114.66	\$0.00	\$21.67	\$21.31	(with L&H)	\$38.33	\$2.61	\$26.29	\$1.11	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4452									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.34									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.34	\$0.00	\$21.67	\$21.31		\$38.33	\$2.61	\$26.29	\$1.11	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.53	\$79.34	\$0.00	\$21.67	\$21.31		\$38.33	\$2.61	13.16 (FRV)	\$1.11	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.53	\$79.34	\$0.00	\$21.67	\$21.31	\$0.00	\$38.33	\$2.61	\$13.16	\$1.11	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3500									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$107.11									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.30	\$107.11	\$0.00	\$21.67	\$21.31	\$0.00	\$38.33	\$2.61	\$13.16	\$1.11	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.36	\$5.36									
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	\$25.06	\$6.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.36	\$114.07	\$0.00	\$21.89	\$21.72	\$0.00	\$55.80	\$2.61	\$13.16	\$1.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.95										

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

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Provider: FLORENCE HAND HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00207083A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3385	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.53%	1.0%	Quarterly Medicaid PDPM:			1.3296	1.4431
							4.00	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3564	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$18,145,237	\$6,265,479	\$0	\$1,289,089	\$1,221,950	\$1,200,199	\$6,943,965		\$1,224,555	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$59,487)	\$0	\$0	\$0	\$0	\$0	(\$59,487)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$59,487			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$18,145,237	\$6,265,479	\$0	\$1,289,089	\$1,221,950	\$1,200,199	\$6,884,478	\$59,487	\$1,224,555	\$0	
8	Total Nursing Facility Days	As Filed Days = 37,687 FY22 Audited C/R Days	37,687										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,687 FY22 GL-PL Ins Rpt Days								37,687			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$481.48	\$166.25	\$0.00	\$34.21	\$64.27	(with L&H)	\$182.68	\$1.58	\$32.49	\$0.00	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3385									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.21									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.21	\$0.00	\$34.21	\$64.27		\$182.68	\$1.58	\$32.49	\$0.00	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$243.66	\$117.25	\$0.00	\$34.21	\$33.22		\$38.83	\$1.58	18.57 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$243.66	\$117.25	\$0.00	\$34.21	\$33.22	\$0.00	\$38.83	\$1.58	\$18.57	\$0.00	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3564									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.04									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.45	\$159.04	\$0.00	\$34.21	\$33.22	\$0.00	\$38.83	\$1.58	\$18.57	\$0.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.77	\$4.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$6.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.13	\$165.40	\$0.00	\$34.43	\$33.22	\$0.00	\$55.93	\$1.58	\$18.57	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.02										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,530,487	\$3,231,288	\$0	\$646,498	\$542,524	\$0	\$1,096,500		\$2,013,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$347,584)	\$0	\$0	\$0	\$0	\$0	(\$307,187)		(\$40,397)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$182,212		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$40,397
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,405,512	\$3,231,288	\$0	\$646,498	\$542,524	\$0	\$789,313	\$182,212	\$1,973,280	\$40,397
8	Total Nursing Facility Days	As Filed Days = 38,064 FY22 Audited C/R Days	38,064									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,064 FY22 GL-PL Ins Rpt Days								38,064		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.55	\$84.89	\$0.00	\$16.98	\$14.25	(with L&H)	\$20.74	\$4.79	\$51.84	\$1.06
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.7234								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$49.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.26	\$0.00	\$16.98	\$14.25		\$20.74	\$4.79	\$51.84	\$1.06
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$49.26	\$0.00	\$16.98	\$14.25		\$20.74	\$4.79	10.60 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.68	\$49.26	\$0.00	\$16.98	\$14.25	\$0.00	\$20.74	\$4.79	\$10.60	\$1.06
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6120								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$79.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.83	\$79.41	\$0.00	\$16.98	\$14.25	\$0.00	\$20.74	\$4.79	\$10.60	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
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	\$22.21	\$4.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$170.04	\$83.52	\$0.00	\$17.20	\$14.66	\$0.00	\$38.21	\$4.79	\$10.60	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.71									

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

FINAL

Provider: HIGH SHOALS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00212814A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3632	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.23%	1.0%	Quarterly Medicaid PDPM:			1.2918	1.4431
							2.94	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3175	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,376,696	\$2,641,069	\$0	\$572,511	\$678,962	\$0	\$1,220,638		\$263,516	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$167,876)	(\$1,733)	\$0	\$0	(\$3,696)	(\$8,385)	(\$131,034)		(\$23,028)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,618	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,309,438	\$2,639,336	\$0	\$572,511	\$675,266	(\$8,385)	\$1,089,604	\$78,000	\$240,488	\$22,618	
8	Total Nursing Facility Days	As Filed Days = 25,160											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,160								25,160			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.03	\$104.90	\$0.00	\$22.75	\$26.51	(with L&H)	\$43.31	\$3.10	\$9.56	\$0.90	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3632									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.95									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$22.75	\$26.51		\$43.31	\$3.10	\$9.56	\$0.90	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.88	\$76.95	\$0.00	\$22.75	\$26.51		\$38.83	\$3.10	18.84 (FRV)	\$0.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.88	\$76.95	\$0.00	\$22.75	\$26.51	\$0.00	\$38.83	\$3.10	\$18.84	\$0.90	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3175									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.38									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.31	\$101.38	\$0.00	\$22.75	\$26.51	\$0.00	\$38.83	\$3.10	\$18.84	\$0.90	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$7.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$237.66	\$109.00	\$0.00	\$22.97	\$26.92	\$0.00	\$55.93	\$3.10	\$18.84	\$0.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.42										

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

FINAL

Provider: PRUITTHEALTH - FORT OGLETHORPE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00214695A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2461	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.76%	1.0%	Quarterly Medicaid PDPM:			1.4555	1.4431
							3.13	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4851	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,773,195	\$4,042,099	\$0	\$586,071	\$762,900	\$0	\$1,215,444		\$166,681	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$483,507)	(\$25,993)	\$0	\$0	\$0	\$0	(\$413,588)		(\$43,926)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,396			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,884	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,746,968	\$4,016,106	\$0	\$586,071	\$762,900	\$0	\$801,856	\$425,396	\$122,755	\$31,884	
8	Total Nursing Facility Days	As Filed Days = 34,926 FY22 Audited C/R Days	34,926										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,926 FY22 GL-PL Ins Rpt Days								34,926			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.17	\$114.99	\$0.00	\$16.78	\$21.84	(with L&H)	\$22.96	\$12.18	\$3.51	\$0.91	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2461									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.28									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.28	\$0.00	\$16.78	\$21.84		\$22.96	\$12.18	\$3.51	\$0.91	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.34	\$92.28	\$0.00	\$16.78	\$21.84		\$22.96	\$12.18	10.39 (FRV)	\$0.91	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.34	\$92.28	\$0.00	\$16.78	\$21.84	\$0.00	\$22.96	\$12.18	\$10.39	\$0.91	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4851									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.05									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.11	\$137.05	\$0.00	\$16.78	\$21.84	\$0.00	\$22.96	\$12.18	\$10.39	\$0.91	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.85	\$6.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.85	\$8.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.96	\$145.80	\$0.00	\$17.00	\$22.25	\$0.00	\$40.43	\$12.18	\$10.39	\$0.91	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.90										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,436,149	\$5,572,115	\$0	\$1,074,586	\$1,063,659	\$0	\$1,329,718		\$396,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$883,639)	(\$2,365)	\$0	\$1,642	\$809	\$8,094	(\$877,306)		(\$14,513)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$174,205		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,561
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,741,276	\$5,569,750	\$0	\$1,076,228	\$1,064,468	\$8,094	\$452,412	\$174,205	\$381,558	\$14,561
8	Total Nursing Facility Days As Filed Days = 39,223	FY22 Audited C/R Days	39,224									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,223	FY22 GL-PL Ins Rpt Days								39,224		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.85	\$142.00	\$0.00	\$27.44	\$27.34	(with L&H)	\$11.53	\$4.44	\$9.73	\$0.37
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3324								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.57	\$0.00	\$27.44	\$27.34		\$11.53	\$4.44	\$9.73	\$0.37
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.97	\$106.57	\$0.00	\$27.44	\$27.34		\$11.53	\$4.44	18.28 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.97	\$106.57	\$0.00	\$27.44	\$27.34	\$0.00	\$11.53	\$4.44	\$18.28	\$0.37
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5986								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$170.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.76	\$170.36	\$0.00	\$27.44	\$27.34	\$0.00	\$11.53	\$4.44	\$18.28	\$0.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.26	\$4.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.11	\$5.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.00	\$9.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.76	\$180.26	\$0.00	\$27.66	\$27.75	\$0.00	\$29.00	\$4.44	\$18.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.00									

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

FINAL

Provider: COMER HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00220448A		PDPM Per Diem Rate Effective Date: 7/1/2024		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.2662			1.2662	1.4040
				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 42.03%	2.5%	Quarterly Medicaid PDPM: 1.2412			1.2412	1.4431
						3.41	7.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.2658			1.2658	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,535,917	\$2,788,078	\$0	\$632,778	\$614,479	\$0	\$1,281,737		\$218,845	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$207,614)	\$0	\$0	\$0	\$2,539	\$2,846	(\$200,149)		(\$12,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$90,480		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,962
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,431,745	\$2,788,078	\$0	\$632,778	\$617,018	\$2,846	\$1,081,588	\$90,480	\$205,995	\$12,962
8	Total Nursing Facility Days	As Filed Days = 27,284 FY22 Audited C/R Days	27,284									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,284 FY22 GL-PL Ins Rpt Days								27,284		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.09	\$102.19	\$0.00	\$23.19	\$22.72	(with L&H)	\$39.64	\$3.32	\$7.55	\$0.48
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2662								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.71	\$0.00	\$23.19	\$22.72		\$39.64	\$3.32	\$7.55	\$0.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.86	\$80.71	\$0.00	\$23.19	\$22.72		\$38.83	\$3.32	13.61 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.86	\$80.71	\$0.00	\$23.19	\$22.72	\$0.00	\$38.83	\$3.32	\$13.61	\$0.48
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2658								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$102.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.31	\$102.16	\$0.00	\$23.19	\$22.72	\$0.00	\$38.83	\$3.32	\$13.61	\$0.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.15	\$7.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.96	\$10.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.27	\$112.39	\$0.00	\$23.41	\$23.13	\$0.00	\$55.93	\$3.32	\$13.61	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.38									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: GLENWOOD HEALTH CENTER BY HARBORVIEW Pvdr ID: 00220514A H/B ? : NO				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: 07/01/24		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	BIMS: 30.5%	Nurse Hours per On-Site Day/Quality Incentive: 2.82	0.00%	2.5%	3.0%	Base Period Overall PDPM: 1.3835	Quarterly Medicaid PDPM: 1.9727	Qtrly Mcaid PDPM w RUG Wght Options: 2.0134	1.4040	1.4438	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	h	i	j			
CASE MIX BASED RATE CALCULATIONS															
Cost Center Peer Groups per Selected Options					1	1	2	1	1	1					
Type of Facility within Peer Group					All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities					
Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits															
Peer Group Standards: Percentile					90.0%	90.0%	90.0%	85.0%		50.0%					
Peer Group Standards: Multiplier					100.0%	100.0%	100.0%	100.0%		105.0%					
Efficiency Measures (Maximums)					\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts															
Net Historical Cost 2021					7,887,468		1,151,846	973,086	3,202	2,084,522	25,508	1,232,834	94,477		
Inflation (July 2022) @ 5.90%					465,361		67,959	57,601		122,987			5,574		
Patient Days					66,608		66,608	66,608		66,608	66,608	66,608	66,608		
Total Nursing Facility Days GL-PL Ins. Rpt															
Inflated NHC/ Patient Days					125.40		18.31	15.52		33.14	0.38	18.51	1.50		
Base Period Facility PDPM for all Residents					1.3835										
Routine Services PDPM Adjusted Net Per Diem					\$90.64										
Net Per Diems After PDPM Adjustments				\$178.01	\$90.64		\$18.31	\$15.52		\$33.14	\$0.38	\$18.51	1.50		
Per Diem Standards					\$117.25		\$30.35	\$33.22		\$38.83					
Base Period PDPM Adjusted Allowed Per Diem				\$167.93	\$90.64		\$18.31	\$15.52		\$33.14	\$0.38	8.43	1.50		
Quarterly Per Diem Rate Prior to Add-Ons												(FRV Rate)			
Growth Allowance 0.000%				\$0.00	\$0.00		\$0.00	\$0.00		\$0.00					
PDPMA Allowed Per Diem After Growth Allowance				\$167.93	\$90.64		\$18.31	\$15.52		\$33.14	\$0.38	\$8.43	\$1.50		
Quarterly Facility PDPM for Medicaid Residents					2.0134										
Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$182.49										
Quarterly Medicaid PDPMA Allowed Per Diem				\$259.78	\$182.49		\$18.31	\$15.52		\$33.14	\$0.38	\$8.43	\$1.50		
Quarterly Per Diem Add-On Amounts															
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.53	\$0.53		\$0.22	\$0.41		\$0.37					
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.56	4.56										
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$5.47	5.47										
Nursing Home Provider Fee				\$ 17.10					\$ 17.10						
Total Quarterly Per Diem Add-On Amounts				\$28.66											
Quarterly PDPM Based Per Diem Rate				\$288.44	\$193.05		\$18.53	\$15.93		\$50.61	\$0.38	\$8.43	\$1.50		
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$203.51											

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

FINAL

Provider: FOUNTAIN BLUE REHAB AND NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00222582A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3614	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	47.46%	5.5%	Quarterly Medicaid PDPM:			1.4534	1.4431
							2.31	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4831	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,344,979	\$2,833,278	\$0	\$455,068	\$510,106	\$0	\$937,822		\$608,705	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$236,790)	\$0	\$0	\$0	\$0	\$0	(\$176,442)		(\$60,348)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$169,620			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$60,348	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,338,157	\$2,833,278	\$0	\$455,068	\$510,106	\$0	\$761,380	\$169,620	\$548,357	\$60,348	
8	Total Nursing Facility Days	As Filed Days = 24,058 FY22 Audited C/R Days	24,058										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,058 FY22 GL-PL Ins Rpt Days								24,058			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.89	\$117.77	\$0.00	\$18.92	\$21.20	(with L&H)	\$31.65	\$7.05	\$22.79	\$2.51	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3614									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.51									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.51	\$0.00	\$18.92	\$21.20		\$31.65	\$7.05	\$22.79	\$2.51	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.00	\$86.51	\$0.00	\$18.92	\$21.20		\$31.65	\$7.05	10.16 (FRV)	\$2.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.00	\$86.51	\$0.00	\$18.92	\$21.20	\$0.00	\$31.65	\$7.05	\$10.16	\$2.51	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4831									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.30									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.79	\$128.30	\$0.00	\$18.92	\$21.20	\$0.00	\$31.65	\$7.05	\$10.16	\$2.51	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.06	\$7.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.26	\$10.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.05	\$138.46	\$0.00	\$19.14	\$21.61	\$0.00	\$49.12	\$7.05	\$10.16	\$2.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.21										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,949,083	\$2,415,177	\$0	\$506,632	\$680,923	\$0	\$927,643		\$418,708	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$126,450)	(\$8,125)	\$0	\$0	\$0	\$0	(\$92,129)		(\$26,196)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,385
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,933,138	\$2,407,052	\$0	\$506,632	\$680,923	\$0	\$835,514	\$81,120	\$392,512	\$29,385
8	Total Nursing Facility Days	As Filed Days = 20,912 FY22 Audited C/R Days		20,956								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,912 FY22 GL-PL Ins Rpt Days								20,956		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.40	\$114.86	\$0.00	\$24.18	\$32.49	(with L&H)	\$39.87	\$3.87	\$18.73	\$1.40
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3166								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.24	\$0.00	\$24.18	\$32.49		\$39.87	\$3.87	\$18.73	\$1.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.41	\$87.24	\$0.00	\$24.18	\$32.49		\$38.83	\$3.87	12.40 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.41	\$87.24	\$0.00	\$24.18	\$32.49	\$0.00	\$38.83	\$3.87	\$12.40	\$1.40
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2076								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$105.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.52	\$105.35	\$0.00	\$24.18	\$32.49	\$0.00	\$38.83	\$3.87	\$12.40	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.10	\$112.20	\$0.00	\$24.40	\$32.90	\$0.00	\$55.93	\$3.87	\$12.40	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.50									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.3833	1.4040	Qtrly BIMS score	24.51%	1.0%
Provider: CHESTNUT RIDGE NSG & REHAB CTR Prvdr ID: 00228049A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																					
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,886,921	\$5,813,945	\$0	\$797,350	\$641,237	\$0	\$1,304,241		\$1,330,148	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$71,249)	(\$241,660)	\$0	(\$9,441)	\$0	\$19,518	\$209,448		(\$49,114)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$22,135											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,114									
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,886,921	\$5,572,285	\$0	\$787,909	\$641,237	\$19,518	\$1,513,689	\$22,135	\$1,281,034	\$49,114									
8	Total Nursing Facility Days	As Filed Days = 37,780																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,780																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.71	\$147.49	\$0.00	\$20.86	\$17.49	(with L&H)	\$40.07	\$0.59	\$33.91	\$1.30									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3833																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.62																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.62	\$0.00	\$20.86	\$17.49		\$40.07	\$0.59	\$33.91	\$1.30									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.57	\$106.62	\$0.00	\$20.86	\$17.49		\$38.83	\$0.59	9.88 (FRV)	\$1.30									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.57	\$106.62	\$0.00	\$20.86	\$17.49	\$0.00	\$38.83	\$0.59	\$9.88	\$1.30									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5422																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$164.43																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.38	\$164.43	\$0.00	\$20.86	\$17.49	\$0.00	\$38.83	\$0.59	\$9.88	\$1.30									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.64	\$1.64																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.57	\$169.89	\$0.00	\$21.08	\$17.90	\$0.00	\$55.93	\$0.59	\$9.88	\$1.30									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.60																		

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

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Provider: EAST COBB CENTER FOR NURSING AND HEALING LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00236211A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4010	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	4.26%	0.0%	Quarterly Medicaid PDPM:			1.4828	1.4431
							2.95	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5132	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,632,870	\$6,301,395	\$0	\$963,790	\$776,522	\$0	\$2,327,081		\$264,082	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$607,501)	(\$12,956)	\$0	\$0	(\$4)	\$0	(\$538,071)		(\$56,470)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$126,659			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,046	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,216,074	\$6,288,439	\$0	\$963,790	\$776,518	\$0	\$1,789,010	\$126,659	\$207,612	\$64,046	
8	Total Nursing Facility Days As Filed Days = 38,874	FY22 Audited C/R Days	38,874										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,874	FY22 GL-PL Ins Rpt Days								38,874			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.80	\$161.76	\$0.00	\$24.79	\$19.98	(with L&H)	\$46.02	\$3.26	\$5.34	\$1.65	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4010									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$115.46									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$115.46	\$0.00	\$24.79	\$19.98		\$46.02	\$3.26	\$5.34	\$1.65	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.92	\$115.46	\$0.00	\$24.79	\$19.98		\$38.83	\$3.26	11.95 (FRV)	\$1.65	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.92	\$115.46	\$0.00	\$24.79	\$19.98	\$0.00	\$38.83	\$3.26	\$11.95	\$1.65	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5132									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$174.71									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.17	\$174.71	\$0.00	\$24.79	\$19.98	\$0.00	\$38.83	\$3.26	\$11.95	\$1.65	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$298.67	\$180.48	\$0.00	\$25.01	\$20.39	\$0.00	\$55.93	\$3.26	\$11.95	\$1.65	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.18										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,838,062	\$5,591,394	\$0	\$693,794	\$908,261	\$0	\$1,462,888		\$1,181,725	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$618,497)	(\$85,369)	\$0	\$0	\$1,451	\$1,123	(\$370,885)		(\$164,817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,395		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$158,198
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,803,158	\$5,506,025	\$0	\$693,794	\$909,712	\$1,123	\$1,092,003	\$425,395	\$1,016,908	\$158,198
8	Total Nursing Facility Days	As Filed Days = 38,437 FY22 Audited C/R Days	38,437									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,437 FY22 GL-PL Ins Rpt Days								38,437		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.06	\$143.25	\$0.00	\$18.05	\$23.70	(with L&H)	\$28.41	\$11.07	\$26.46	\$4.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6301								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.88	\$0.00	\$18.05	\$23.70		\$28.41	\$11.07	\$26.46	\$4.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.19	\$87.88	\$0.00	\$18.05	\$23.70		\$28.41	\$11.07	31.96 <i>(FRV)</i>	\$4.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.19	\$87.88	\$0.00	\$18.05	\$23.70	\$0.00	\$28.41	\$11.07	\$31.96	\$4.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3379								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.88	\$117.57	\$0.00	\$18.05	\$23.70	\$0.00	\$28.41	\$11.07	\$31.96	\$4.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.33	\$126.92	\$0.00	\$18.27	\$24.11	\$0.00	\$45.88	\$11.07	\$31.96	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.92									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,585,753	\$2,660,115	\$0	\$442,769	\$622,885	\$0	\$1,316,527		\$543,457	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$430,413)	(\$144,961)	\$0	\$0	(\$868)	(\$557)	(\$214,946)		(\$69,081)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,563		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$68,923
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,436,826	\$2,515,154	\$0	\$442,769	\$622,017	(\$557)	\$1,101,581	\$212,563	\$474,376	\$68,923
8	Total Nursing Facility Days	As Filed Days = 27,914 FY22 Audited C/R Days		27,914								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,914 FY22 GL-PL Ins Rpt Days								27,914		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.75	\$90.10	\$0.00	\$15.86	\$22.26	(with L&H)	\$39.46	\$7.61	\$16.99	\$2.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3511								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.69	\$0.00	\$15.86	\$22.26		\$39.46	\$7.61	\$16.99	\$2.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.60	\$66.69	\$0.00	\$15.86	\$22.26		\$38.83	\$7.61	8.88 (FRV)	\$2.47
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.60	\$66.69	\$0.00	\$15.86	\$22.26	\$0.00	\$38.83	\$7.61	\$8.88	\$2.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5205								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.31	\$101.40	\$0.00	\$15.86	\$22.26	\$0.00	\$38.83	\$7.61	\$8.88	\$2.47
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$6.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$221.15	\$107.51	\$0.00	\$16.08	\$22.67	\$0.00	\$55.93	\$7.61	\$8.88	\$2.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.04									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW HEALTH CENTER OF AUGUSTA Prvdr ID: 00241678A H/B ? : NO				Add-on Data and Percentages Growth Allowance: N/A BIMS 31.1% Nurse Hours per On-Site Day/Quality Incentive: 3.42		Facility Score Add-on Percent 0.00% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall PDPM: 1.4450 Quarterly Medicaid PDPM: 1.9240 Qtrly Mcaid PDPM w RUG Wght Options: 1.9636				Facility Specific 1.4450 1.9240 1.9636	State-wide 1.4040 1.4438 1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
FY2021 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2022) @ 5.90%												
Patient Days												
FY 2021 Cost Rpt												
FY 21 GL-PL Ins Rpt Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate			\$307.26	\$187.69		\$21.93	\$19.71		\$55.93	\$7.77	\$11.95	\$2.28
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$217.62									

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

FINAL

Provider: PRUITTHEALTH - AUGUSTA HILLS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00245055A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4600			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 3.26		Qtrly BIMS score: 31.51%		31.51%	2.5%	Quarterly Medicaid PDPM: 1.4252			1.4431	
								Qtrly Mcaid PDPM w RUG Wght Options: 1.4538			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,551,645	\$3,573,506	\$0	\$640,032	\$767,213	\$0	\$1,289,890		\$281,004	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$518,993)	(\$72,368)	\$0	\$0	\$0	\$107	(\$389,190)		(\$57,542)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$446,664		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,744
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,527,060	\$3,501,138	\$0	\$640,032	\$767,213	\$107	\$900,700	\$446,664	\$223,462	\$47,744
8	Total Nursing Facility Days	As Filed Days = 27,950 FY22 Audited C/R Days	27,950									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,950 FY22 GL-PL Ins Rpt Days								27,950		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.53	\$125.26	\$0.00	\$22.90	\$27.45	(with L&H)	\$32.23	\$15.98	\$8.00	\$1.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4600								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.79								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.79	\$0.00	\$22.90	\$27.45		\$32.23	\$15.98	\$8.00	\$1.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.52	\$85.79	\$0.00	\$22.90	\$27.45		\$32.23	\$15.98	9.46 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.52	\$85.79	\$0.00	\$22.90	\$27.45	\$0.00	\$32.23	\$15.98	\$9.46	\$1.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4538								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.45	\$124.72	\$0.00	\$22.90	\$27.45	\$0.00	\$32.23	\$15.98	\$9.46	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.24	\$6.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.99	\$9.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.44	\$134.61	\$0.00	\$23.12	\$27.86	\$0.00	\$49.70	\$15.98	\$9.46	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.01									

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

FINAL

Provider: PRUITTHEALTH - MAGNOLIA MANOR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00252007A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.5663			1.5663	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 15.52%		Qtrly BIMS score: 15.52%		15.52%	0.0%	Quarterly Medicaid PDPM: 1.4747			1.4747	1.4431
		Nurse Hours per On-Site Day/Quality Incentive: 3.60		Nurse Hours per On-Site Day/Quality Incentive: 3.60		3.60	5.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.5045			1.5045	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,807,112	\$3,535,919	\$0	\$478,436	\$823,078	\$0	\$1,326,522		\$643,157	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$439,537)	(\$67,894)	\$0	\$2,040	\$0	\$0	(\$305,843)		(\$67,840)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,160
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,786,231	\$3,468,025	\$0	\$480,476	\$823,078	\$0	\$1,020,679	\$354,496	\$575,317	\$64,160
8	Total Nursing Facility Days	As Filed Days = 30,522 FY22 Audited C/R Days	30,522									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,522 FY22 GL-PL Ins Rpt Days								30,522		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.33	\$113.62	\$0.00	\$15.74	\$26.97	(with L&H)	\$33.44	\$11.61	\$18.85	\$2.10
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5663								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.54	\$0.00	\$15.74	\$26.97		\$33.44	\$11.61	\$18.85	\$2.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.41	\$72.54	\$0.00	\$15.74	\$26.97		\$33.44	\$11.61	30.01 (FRV)	\$2.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.41	\$72.54	\$0.00	\$15.74	\$26.97	\$0.00	\$33.44	\$11.61	\$30.01	\$2.10
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5045								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.01	\$109.14	\$0.00	\$15.74	\$26.97	\$0.00	\$33.44	\$11.61	\$30.01	\$2.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.10	\$115.13	\$0.00	\$15.96	\$27.38	\$0.00	\$50.91	\$11.61	\$30.01	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.00									

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

FINAL

Provider: PRUITTHEALTH - DECATUR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00252942A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3714	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.52%	2.5%	Quarterly Medicaid PDPM:			1.4646	1.4431
							3.60	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4944	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,559,058	\$4,886,717	\$0	\$727,010	\$919,431	\$0	\$1,990,240		\$1,035,660	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$849,576)	(\$106,810)	\$0	\$1,278	(\$7,529)	(\$9,561)	(\$506,245)		(\$220,709)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$517,563			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$97,136	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,324,181	\$4,779,907	\$0	\$728,288	\$911,902	(\$9,561)	\$1,483,995	\$517,563	\$814,951	\$97,136	
8	Total Nursing Facility Days	As Filed Days = 39,684 FY22 Audited C/R Days	39,684										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,684 FY22 GL-PL Ins Rpt Days								39,684			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.97	\$120.45	\$0.00	\$18.35	\$22.74	(with L&H)	\$37.40	\$13.04	\$20.54	\$2.45	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3714									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.83									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$0.00	\$18.35	\$22.74		\$37.40	\$13.04	\$20.54	\$2.45	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$87.83	\$0.00	\$18.35	\$22.74		\$37.40	\$13.04	17.03 (FRV)	\$2.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.84	\$87.83	\$0.00	\$18.35	\$22.74	\$0.00	\$37.40	\$13.04	\$17.03	\$2.45	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4944									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.25									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.26	\$131.25	\$0.00	\$18.35	\$22.74	\$0.00	\$37.40	\$13.04	\$17.03	\$2.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.56	\$6.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.47	\$10.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.73	\$141.62	\$0.00	\$18.57	\$23.15	\$0.00	\$54.87	\$13.04	\$17.03	\$2.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.22										

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

FINAL

Provider: PRUITTHEALTH - LAFAYETTE Prvdr ID: 00254394A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 26.47% Nurse Hours per On-Site Day/Quality Incentive: 3.20				N/A	0.00% 1.0% 4.0%	Base Period Overall PDPMCM: 1.2918 Quarterly Medicaid PDPM: 1.4490 Qtrly Mcaid PDPM w RUG Wght Options: 1.4781			1.2918 1.4490 1.4781	1.4040 1.4431 1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,876,684	\$2,438,694	\$0	\$449,865	\$563,938	\$0	\$1,017,512		\$406,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$375,390)	(\$59,966)	\$0	\$0	(\$2,868)	(\$4,089)	(\$306,811)		(\$1,656)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,497		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,855,791	\$2,378,728	\$0	\$449,865	\$561,070	(\$4,089)	\$710,701	\$354,497	\$405,019	\$0
8	Total Nursing Facility Days As Filed Days = 23,872	FY22 Audited C/R Days	23,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,872	FY22 GL-PL Ins Rpt Days								23,872		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.41	\$99.65	\$0.00	\$18.84	\$23.33	(with L&H)	\$29.77	\$14.85	\$16.97	\$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2918								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.14	\$0.00	\$18.84	\$23.33		\$29.77	\$14.85	\$16.97	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.07	\$77.14	\$0.00	\$18.84	\$23.33		\$29.77	\$14.85	10.14 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.07	\$77.14	\$0.00	\$18.84	\$23.33	\$0.00	\$29.77	\$14.85	\$10.14	\$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4781								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.95	\$114.02	\$0.00	\$18.84	\$23.33	\$0.00	\$29.77	\$14.85	\$10.14	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$235.28	\$120.25	\$0.00	\$19.06	\$23.74	\$0.00	\$47.24	\$14.85	\$10.14	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.64									

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

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Provider: PRUITTHEALTH - WEST ATLANTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00256088A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5511	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.10%	0.0%	Quarterly Medicaid PDPM:			1.3690	1.4431
							3.08	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3958	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,798,990	\$3,899,414	\$0	\$506,636	\$907,748	\$0	\$1,254,573		\$230,619	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$508,860)	(\$31,400)	\$0	\$0	(\$1,330)	(\$2,203)	(\$415,859)		(\$58,068)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,396			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$53,161	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,768,687	\$3,868,014	\$0	\$506,636	\$906,418	(\$2,203)	\$838,714	\$425,396	\$172,551	\$53,161	
8	Total Nursing Facility Days	As Filed Days = 31,688 FY22 Audited C/R Days	31,688										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,688 FY22 GL-PL Ins Rpt Days								31,688			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.61	\$122.07	\$0.00	\$15.99	\$28.53	(with L&H)	\$26.47	\$13.42	\$5.45	\$1.68	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5511									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.70									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.70	\$0.00	\$15.99	\$28.53		\$26.47	\$13.42	\$5.45	\$1.68	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.87	\$78.70	\$0.00	\$15.99	\$28.53		\$26.47	\$13.42	13.08 (FRV)	\$1.68	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.87	\$78.70	\$0.00	\$15.99	\$28.53	\$0.00	\$26.47	\$13.42	\$13.08	\$1.68	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3958									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.85									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.02	\$109.85	\$0.00	\$15.99	\$28.53	\$0.00	\$26.47	\$13.42	\$13.08	\$1.68	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49									
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	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$233.14	\$115.87	\$0.00	\$16.21	\$28.94	\$0.00	\$43.94	\$13.42	\$13.08	\$1.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.03										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,433,453	\$2,135,334	\$0	\$387,680	\$487,020	\$0	\$1,431,201		\$992,218	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$90,689)	(\$11,945)	\$0	(\$954)	(\$528)	(\$1,436)	(\$47,616)		(\$28,210)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$8,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,152
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,378,951	\$2,123,389	\$0	\$386,726	\$486,492	(\$1,436)	\$1,383,585	\$8,035	\$964,008	\$28,152
8	Total Nursing Facility Days As Filed Days = 26,362	FY22 Audited C/R Days	26,362									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,362	FY22 GL-PL Ins Rpt Days								26,362		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.04	\$80.55	\$0.00	\$14.67	\$18.40	(with L&H)	\$52.48	\$0.30	\$36.57	\$1.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4814								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$54.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$14.67	\$18.40		\$52.48	\$0.30	\$36.57	\$1.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.53	\$54.37	\$0.00	\$14.67	\$18.40		\$38.83	\$0.30	9.89 (FRV)	\$1.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.53	\$54.37	\$0.00	\$14.67	\$18.40	\$0.00	\$38.83	\$0.30	\$9.89	\$1.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		2.0325								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.67	\$110.51	\$0.00	\$14.67	\$18.40	\$0.00	\$38.83	\$0.30	\$9.89	\$1.07
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.35	\$115.46	\$0.00	\$14.89	\$18.81	\$0.00	\$55.93	\$0.30	\$9.89	\$1.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.44									

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

FINAL

Provider: PRUITTHEALTH - COVINGTON		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00265196A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3646	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.41%	1.0%	Quarterly Medicaid PDPM:			1.5702	1.4431
							3.45	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6022	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,093,544	\$2,741,611	\$0	\$419,647	\$496,190	\$0	\$1,006,634		\$429,462	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$282,853)	(\$19,951)	\$0	\$0	\$0	\$90	(\$238,618)		(\$24,374)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$252,045			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$2,933	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,065,669	\$2,721,660	\$0	\$419,647	\$496,190	\$90	\$768,016	\$252,045	\$405,088	\$2,933	
8	Total Nursing Facility Days	As Filed Days = 23,619		23,619									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,619								23,619			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.47	\$115.23	\$0.00	\$17.77	\$21.01	(with L&H)	\$32.52	\$10.67	\$17.15	\$0.12	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3646									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.44									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$17.77	\$21.01		\$32.52	\$10.67	\$17.15	\$0.12	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.56	\$84.44	\$0.00	\$17.77	\$21.01		\$32.52	\$10.67	11.03 (FRV)	\$0.12	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.56	\$84.44	\$0.00	\$17.77	\$21.01	\$0.00	\$32.52	\$10.67	\$11.03	\$0.12	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6022									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.29									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.41	\$135.29	\$0.00	\$17.77	\$21.01	\$0.00	\$32.52	\$10.67	\$11.03	\$0.12	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.12	\$8.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.10	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.51	\$145.29	\$0.00	\$17.99	\$21.42	\$0.00	\$49.99	\$10.67	\$11.03	\$0.12	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.56										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: LAGRANGE HEALTH AND REHAB				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00270245A				Growth Allowance:			N/A	0.00%	Base Period Overall PDPM:			1.4774	1.4040	
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24			BIMS	27.0%	1.0%	Quarterly Medicaid PDPM:			1.2510	1.4438
				MDS & Nurse Hrs Data per Quarter Ending: 03/31/24			Nurse Hours per On-Site Day/Quality Incentive:	2.95	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2752	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	h	i	j		
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2021														
Inflation (July 2022) @ 5.90%														
Patient Days														
Total Nursing Facility Days GL-PL Ins. Rpt														
Inflated NHC/ Patient Days														
Base Period Facility PDPM for all Residents														
Routine Services PDPM Adjusted Net Per Diem														
Net Per Diems After PDPM Adjustments														
Per Diem Standards														
Base Period PDPM Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.000%														
PDPMA Allowed Per Diem After Growth Allowance														
Quarterly Facility PDPM for Medicaid Residents														
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem														
Quarterly Medicaid PDPMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly PDPM Based Per Diem Rate														
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvr Fee) x 75%														

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
FY2021 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2022) @ 5.90%												
Patient Days												
FY 2021 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 21 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

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Provider: WILLOWOOD HEALTHCARE AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00271829A		PDPM Per Diem Rate Effective Date: 7/1/2024		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.3521			1.4040	
				Qtrly BIMS score: 24.68%		1.0%	Quarterly Medicaid PDPM: 1.5910			1.4431		
				Nurse Hours per On-Site Day/Quality Incentive: 2.11		2.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.6242			1.4722		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,650,019	\$3,770,294	\$0	\$506,984	\$488,931	\$0	\$1,039,476		\$844,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$216,884)	\$5,100	\$0	\$0	(\$1,081)	(\$1,107)	(\$181,233)		(\$38,563)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$161,099		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,390
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,632,624	\$3,775,394	\$0	\$506,984	\$487,850	(\$1,107)	\$858,243	\$161,099	\$805,771	\$38,390
8	Total Nursing Facility Days	As Filed Days = 32,240										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,240								32,240		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.73	\$117.10	\$0.00	\$15.73	\$15.10	(with L&H)	\$26.62	\$5.00	\$24.99	\$1.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3521								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.61	\$0.00	\$15.73	\$15.10		\$26.62	\$5.00	\$24.99	\$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.53	\$86.61	\$0.00	\$15.73	\$15.10		\$26.62	\$5.00	9.28 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.53	\$86.61	\$0.00	\$15.73	\$15.10	\$0.00	\$26.62	\$5.00	\$9.28	\$1.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6242								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.59	\$140.67	\$0.00	\$15.73	\$15.10	\$0.00	\$26.62	\$5.00	\$9.28	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.44	\$145.42	\$0.00	\$15.95	\$15.51	\$0.00	\$44.09	\$5.00	\$9.28	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.51									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 37.24% Nurse Hours per On-Site Day/Quality Incentive: 2.25				Base Period Overall PDPMCM: 1.4345 Quarterly Medicaid PDPM: 1.3920 Qtrly Mcaid PDPM w RUG Wght Options: 1.4193				Facility Specific: 1.4345 1.3920 1.4193	State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$24,580,414	\$13,438,488	\$0	\$2,695,881	\$2,513,142	\$909,795	\$3,812,869		\$1,210,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$1,261,356)	(\$947,259)	\$0	\$0	(\$14,895)	(\$5,391)	(\$288,936)		(\$4,875)	
										\$0		
As Filed FY22 GL/PL Rpt												
As Filed FY22 C/R												
7	As Filed Cost Center Costs (GL/PL)	FY22 Audited C/R	\$23,323,904	\$12,491,229	\$0	\$2,695,881	\$2,498,247	\$904,404	\$3,523,933		\$1,205,364	\$4,846
8	As Filed Cost Center Costs (Taxes and Insurance)											\$4,846
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$23,323,904	\$12,491,229	\$0	\$2,695,881	\$2,498,247	\$904,404	\$3,523,933	\$0	\$1,205,364	\$4,846
8	Total Nursing Facility Days As Filed Days = 99,342	FY22 Audited C/R Days	97,996									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 99,342	FY22 GL-PL Ins Rpt Days								97,996		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.01	\$127.47	\$0.00	\$27.51	\$34.72	(with L&H)	\$35.96	\$0.00	\$12.30	\$0.05
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4345								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.86	\$0.00	\$27.51	\$34.72		\$35.96	\$0.00	\$12.30	\$0.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.60	\$88.86	\$0.00	\$27.51	\$33.22		\$35.96	\$0.00	12.00 <i>(FRV)</i>	\$0.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.60	\$88.86	\$0.00	\$27.51	\$33.22	\$0.00	\$35.96	\$0.00	\$12.00	\$0.05
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4193								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.86	\$126.12	\$0.00	\$27.51	\$33.22	\$0.00	\$35.96	\$0.00	\$12.00	\$0.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.79	\$6.20	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.65	\$132.32	\$0.00	\$27.73	\$33.22	\$0.00	\$36.33	\$0.00	\$12.00	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.24									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,307,644	\$3,499,301	\$0	\$555,506	\$286,161	\$427,740	\$1,143,127		\$395,809	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$154,878)	(\$40,610)	\$0	\$0	\$0	\$0	(\$94,953)		(\$19,315)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,876		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,315
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,289,957	\$3,458,691	\$0	\$555,506	\$286,161	\$427,740	\$1,048,174	\$117,876	\$376,494	\$19,315
8	Total Nursing Facility Days	As Filed Days = 19,282 FY22 Audited C/R Days	19,282									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,282 FY22 GL-PL Ins Rpt Days								19,282		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$326.20	\$179.37	\$0.00	\$28.81	\$37.02	(with L&H)	\$54.36	\$6.11	\$19.53	\$1.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5014								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$119.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.47	\$0.00	\$28.81	\$37.02		\$54.36	\$6.11	\$19.53	\$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$239.04	\$117.25	\$0.00	\$28.81	\$33.22		\$38.83	\$6.11	13.82 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$239.04	\$117.25	\$0.00	\$28.81	\$33.22	\$0.00	\$38.83	\$6.11	\$13.82	\$1.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6360								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$191.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$313.61	\$191.82	\$0.00	\$28.81	\$33.22	\$0.00	\$38.83	\$6.11	\$13.82	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.80	\$4.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.96	\$8.64	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$339.57	\$200.46	\$0.00	\$29.03	\$33.22	\$0.00	\$55.93	\$6.11	\$13.82	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$241.85									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,112,813	\$1,440,969	\$0	\$340,911	\$294,637	\$0	\$634,686		\$401,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$49,461)	\$0	\$0	\$0	\$0	\$0	(\$32,562)		(\$16,899)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,899
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,080,251	\$1,440,969	\$0	\$340,911	\$294,637	\$0	\$602,124	\$0	\$384,711	\$16,899
8	Total Nursing Facility Days	As Filed Days = 13,820 FY22 Audited C/R Days	13,820									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,820 FY22 GL-PL Ins Rpt Days								13,820		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.89	\$104.27	\$0.00	\$24.67	\$21.32	(with L&H)	\$43.57	\$0.00	\$27.84	\$1.22
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3239								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.76	\$0.00	\$24.67	\$21.32		\$43.57	\$0.00	\$27.84	\$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.51	\$78.76	\$0.00	\$24.67	\$21.32		\$38.83	\$0.00	11.71 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.51	\$78.76	\$0.00	\$24.67	\$21.32	\$0.00	\$38.83	\$0.00	\$11.71	\$1.22
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4900								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.10	\$117.35	\$0.00	\$24.67	\$21.32	\$0.00	\$38.83	\$0.00	\$11.71	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$6.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$239.81	\$124.33	\$0.00	\$24.89	\$21.73	\$0.00	\$55.93	\$0.00	\$11.71	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.03									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4822	1.4040				
Provider: DELMAR GARDENS OF SMYRNA Prvdr ID: 00296271A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4822	1.4040	1.4422	1.4431	1.4711	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,837,540	\$4,299,796	\$0	\$938,446	\$974,158	\$0	\$1,210,994		\$414,146	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$268,250)	(\$58,881)	\$0	\$0	\$1,780	\$5,053	(\$154,977)		(\$61,225)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,225																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$61,433							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,696,948	\$4,240,915	\$0	\$938,446	\$975,938	\$5,053	\$1,056,017	\$66,225	\$352,921	\$61,433														
8	Total Nursing Facility Days	As Filed Days = 34,127																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,127																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.54	\$124.27	\$0.00	\$27.50	\$28.75	(with L&H)	\$30.94	\$1.94	\$10.34	\$1.80														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4822																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.84																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.84	\$0.00	\$27.50	\$28.75		\$30.94	\$1.94	\$10.34	\$1.80														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.74	\$83.84	\$0.00	\$27.50	\$28.75		\$30.94	\$1.94	13.97 (FRV)	\$1.80														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.74	\$83.84	\$0.00	\$27.50	\$28.75	\$0.00	\$30.94	\$1.94	\$13.97	\$1.80														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4711																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.34																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.24	\$123.34	\$0.00	\$27.50	\$28.75	\$0.00	\$30.94	\$1.94	\$13.97	\$1.80														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.80	\$128.80	\$0.00	\$27.72	\$29.16	\$0.00	\$48.41	\$1.94	\$13.97	\$1.80														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.03																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,694,566	\$6,812,969	\$0	\$1,029,055	\$876,344	\$0	\$1,641,481		\$334,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$284,173)	\$7,984	\$0	\$1,501	(\$3,432)	(\$3,262)	(\$228,986)		(\$57,978)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,525
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,467,918	\$6,820,953	\$0	\$1,030,556	\$872,912	(\$3,262)	\$1,412,495	\$0	\$276,739	\$57,525
8	Total Nursing Facility Days	As Filed Days = 45,885 FY22 Audited C/R Days	45,885									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,885 FY22 GL-PL Ins Rpt Days								45,885		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.12	\$148.65	\$0.00	\$22.46	\$18.95	(with L&H)	\$30.78	\$0.00	\$6.03	\$1.25
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2660								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.41	\$0.00	\$22.46	\$18.95		\$30.78	\$0.00	\$6.03	\$1.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.75	\$117.25	\$0.00	\$22.46	\$18.95		\$30.78	\$0.00	13.06 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.75	\$117.25	\$0.00	\$22.46	\$18.95	\$0.00	\$30.78	\$0.00	\$13.06	\$1.25
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3723								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$160.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.40	\$160.90	\$0.00	\$22.46	\$18.95	\$0.00	\$30.78	\$0.00	\$13.06	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.33	\$165.73	\$0.00	\$22.68	\$19.36	\$0.00	\$48.25	\$0.00	\$13.06	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.92									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRESBYTERIAN VILLAGE Prvdr ID: 00362832A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 38.46% Nurse Hours per On-Site Day/Quality Incentive: 4.47				Base Period Overall PDPMCM: 1.4423 Quarterly Medicaid PDPM: 1.4200 Qtrly Mcaid PDPM w RUG Wght Options: 1.4477				Facility Specific: 1.4423 State-wide: 1.4040 1.4431 1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,241,381	\$4,825,272	\$0	\$863,938	\$1,054,241	\$0	\$1,807,815		\$690,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$156,305)	\$0	\$0	\$0	\$0	\$0	(\$131,978)		(\$24,327)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,978		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,327
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,241,381	\$4,825,272	\$0	\$863,938	\$1,054,241	\$0	\$1,675,837	\$131,978	\$665,788	\$24,327
8	Total Nursing Facility Days	As Filed Days = 26,851 FY22 Audited C/R Days	26,851									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,851 FY22 GL-PL Ins Rpt Days								26,851		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$344.19	\$179.71	\$0.00	\$32.18	\$39.26	(with L&H)	\$62.41	\$4.92	\$24.80	\$0.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4423								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.60								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$32.18	\$39.26		\$62.41	\$4.92	\$24.80	\$0.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.89	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$4.92	25.41 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$250.89	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$0.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4477								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$169.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.38	\$169.74	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.24	\$4.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.09	\$5.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.33	\$9.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$312.71	\$179.07	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$234.53									

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

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Provider: CAMELLIA GARDENS OF LIFE CARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00366341A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2637	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.41%	1.0%	Quarterly Medicaid PDPM:			1.1331	1.4431
							3.09	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.1553	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,194,269	\$2,992,402	\$0	\$615,073	\$518,249	\$0	\$904,828		\$163,717	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$138,641)	(\$21,684)	\$0	(\$3,713)	(\$1,786)	\$2,765	(\$68,118)		(\$46,105)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$85,883			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,796	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,187,307	\$2,970,718	\$0	\$611,360	\$516,463	\$2,765	\$836,710	\$85,883	\$117,612	\$45,796	
8	Total Nursing Facility Days	As Filed Days = 25,009											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,009								25,009			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.42	\$118.79	\$0.00	\$24.45	\$20.76	(with L&H)	\$33.46	\$3.43	\$4.70	\$1.83	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2637									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.00									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.00	\$0.00	\$24.45	\$20.76		\$33.46	\$3.43	\$4.70	\$1.83	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.73	\$94.00	\$0.00	\$24.45	\$20.76		\$33.46	\$3.43	10.80 (FRV)	\$1.83	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.73	\$94.00	\$0.00	\$24.45	\$20.76	\$0.00	\$33.46	\$3.43	\$10.80	\$1.83	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1553									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.60									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.33	\$108.60	\$0.00	\$24.45	\$20.76	\$0.00	\$33.46	\$3.43	\$10.80	\$1.83	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$228.48	\$115.65	\$0.00	\$24.67	\$21.17	\$0.00	\$50.93	\$3.43	\$10.80	\$1.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.54										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,147,960	\$2,308,684	\$0	\$484,896	\$607,351	\$0	\$667,837		\$79,192	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$172,719)	(\$1,951)	\$0	\$1,598	\$810	\$716	(\$124,128)		(\$49,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,488		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,889
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,136,618	\$2,306,733	\$0	\$486,494	\$608,161	\$716	\$543,709	\$111,488	\$29,428	\$49,889
8	Total Nursing Facility Days	As Filed Days = 20,672										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,672								20,672		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.09	\$111.59	\$0.00	\$23.53	\$29.45	(with L&H)	\$26.30	\$5.39	\$1.42	\$2.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5383								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.54	\$0.00	\$23.53	\$29.45		\$26.30	\$5.39	\$1.42	\$2.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.50	\$72.54	\$0.00	\$23.53	\$29.45		\$26.30	\$5.39	12.88 (FRV)	\$2.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.50	\$72.54	\$0.00	\$23.53	\$29.45	\$0.00	\$26.30	\$5.39	\$12.88	\$2.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6606								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.42	\$120.46	\$0.00	\$23.53	\$29.45	\$0.00	\$26.30	\$5.39	\$12.88	\$2.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.63	\$6.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.02	\$6.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.28	\$13.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.70	\$133.64	\$0.00	\$23.75	\$29.86	\$0.00	\$43.77	\$5.39	\$12.88	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.95									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4147	1.4040				
Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4147	1.4040	1.3858	1.4431	1.4130	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,695,800	\$2,020,289	\$0	\$330,493	\$255,823	\$0	\$759,722		\$329,473	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$146,364)	\$0	\$0	\$0	\$0	\$0	(\$109,929)		(\$36,435)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$98,094																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																	\$36,435							
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,683,965	\$2,020,289	\$0	\$330,493	\$255,823	\$0	\$649,793	\$98,094	\$293,038	\$36,435														
8	Total Nursing Facility Days	As Filed Days = 19,416																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,416																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.74	\$104.05	\$0.00	\$17.02	\$13.18	(with L&H)	\$33.47	\$5.05	\$15.09	\$1.88														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4147																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.55																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.55	\$0.00	\$17.02	\$13.18		\$33.47	\$5.05	\$15.09	\$1.88														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.59	\$73.55	\$0.00	\$17.02	\$13.18		\$33.47	\$5.05	11.44 (FRV)	\$1.88														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.59	\$73.55	\$0.00	\$17.02	\$13.18	\$0.00	\$33.47	\$5.05	\$11.44	\$1.88														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4130																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.93																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.97	\$103.93	\$0.00	\$17.02	\$13.18	\$0.00	\$33.47	\$5.05	\$11.44	\$1.88														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$209.28	\$109.14	\$0.00	\$17.24	\$13.59	\$0.00	\$50.94	\$5.05	\$11.44	\$1.88														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.14																							

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

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Provider: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.81				0.00%	2.5%	Base Period Overall PDPMCM: 1.4006 Quarterly Medicaid PDPM: 1.5154 Qtrly Mcaid PDPM w RUG Wght Options: 1.5459			1.4040	1.4431
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,236,595	\$3,068,181	\$0	\$781,164	\$831,322	\$0	\$1,147,714		\$408,214	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$289,373)	(\$6,707)	\$0	(\$1,552)	\$0	(\$13,359)	(\$167,219)		(\$100,536)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,656		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$100,536
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,218,414	\$3,061,474	\$0	\$779,612	\$831,322	(\$13,359)	\$980,495	\$170,656	\$307,678	\$100,536
8	Total Nursing Facility Days As Filed Days = 27,052	FY22 Audited C/R Days	27,052									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,052	FY22 GL-PL Ins Rpt Days								27,052		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.87	\$113.17	\$0.00	\$28.82	\$30.24	(with L&H)	\$36.24	\$6.31	\$11.37	\$3.72
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4006								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.80								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.80	\$0.00	\$28.82	\$30.24		\$36.24	\$6.31	\$11.37	\$3.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.38	\$80.80	\$0.00	\$28.82	\$30.24		\$36.24	\$6.31	13.25 (FRV)	\$3.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.38	\$80.80	\$0.00	\$28.82	\$30.24	\$0.00	\$36.24	\$6.31	\$13.25	\$3.72
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5459								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.91								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.49	\$124.91	\$0.00	\$28.82	\$30.24	\$0.00	\$36.24	\$6.31	\$13.25	\$3.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.25	\$6.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.00	\$9.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.49	\$134.81	\$0.00	\$29.04	\$30.65	\$0.00	\$53.71	\$6.31	\$13.25	\$3.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.79									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4144	1.4040	Qtrly BIMS score	9.09%	0.0%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,801,210	\$2,427,499	\$0	\$884,729	\$899,140	\$0	\$1,064,963		\$524,879	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$333,553)	(\$84,236)	\$0	\$0	(\$15,821)	(\$13,899)	(\$113,467)		(\$106,130)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$50,550											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$102,622
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,620,829	\$2,343,263	\$0	\$884,729	\$883,319	(\$13,899)	\$951,496	\$50,550	\$418,749	\$102,622									
8	Total Nursing Facility Days	As Filed Days = 20,836																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,836																			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$269.78	\$112.46	\$0.00	\$42.46	\$41.73	(with L&H)	\$45.67	\$2.43	\$20.10	\$4.93									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4144																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.51	\$0.00	\$42.46	\$41.73		\$45.67	\$2.43	\$20.10	\$4.93									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.51	\$0.00	\$42.46	\$41.73		\$45.67	\$2.43	\$20.10	\$4.93									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.91	\$79.51	\$0.00	\$30.35	\$33.22		\$38.83	\$2.43	11.64 <i>(FRV)</i>	\$4.93									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.91	\$79.51	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.43	\$11.64	\$4.93									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3758																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.39																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.79	\$109.39	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.43	\$11.64	\$4.93									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00										
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$3.81	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.70	\$113.20	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$2.43	\$11.64	\$4.93									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.95																		

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

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Provider: FAYETTEVILLE CENTER FOR NURSING & HEALING LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00399737A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4301	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.48%	1.0%	Quarterly Medicaid PDPM:			1.5827	1.4431
							3.02	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6157	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,646,757	\$6,590,038	\$0	\$916,397	\$871,509	\$0	\$2,009,026		\$2,259,787	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$2,539,849)	(\$157,694)	\$0	\$2,092	\$4,336	\$5,031	(\$183,330)		(\$2,210,284)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$218,719			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$68,723	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,394,350	\$6,432,344	\$0	\$918,489	\$875,845	\$5,031	\$1,825,696	\$218,719	\$49,503	\$68,723	
8	Total Nursing Facility Days As Filed Days = 50,122	FY22 Audited C/R Days	50,122										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,122	FY22 GL-PL Ins Rpt Days								50,122			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.38	\$128.33	\$0.00	\$18.33	\$17.57	(with L&H)	\$36.43	\$4.36	\$0.99	\$1.37	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4301									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.74									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.74	\$0.00	\$18.33	\$17.57		\$36.43	\$4.36	\$0.99	\$1.37	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.51	\$89.74	\$0.00	\$18.33	\$17.57		\$36.43	\$4.36	17.71 (FRV)	\$1.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.51	\$89.74	\$0.00	\$18.33	\$17.57	\$0.00	\$36.43	\$4.36	\$17.71	\$1.37	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6157									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$144.99									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.76	\$144.99	\$0.00	\$18.33	\$17.57	\$0.00	\$36.43	\$4.36	\$17.71	\$1.37	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.80	\$5.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.64	\$152.77	\$0.00	\$18.55	\$17.98	\$0.00	\$53.90	\$4.36	\$17.71	\$1.37	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.16										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,154,468	\$2,787,198	\$0	\$471,122	\$637,397	\$0	\$877,747		\$381,004	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$251,559)	\$0	\$0	\$0	\$0	\$0	(\$209,696)		(\$41,863)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$253,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$41,863
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,198,759	\$2,787,198	\$0	\$471,122	\$637,397	\$0	\$668,051	\$253,987	\$339,141	\$41,863
8	Total Nursing Facility Days	As Filed Days = 28,846 FY22 Audited C/R Days	28,846									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,846 FY22 GL-PL Ins Rpt Days								28,846		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.22	\$96.62	\$0.00	\$16.33	\$22.10	(with L&H)	\$23.16	\$8.80	\$11.76	\$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3552								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.29	\$0.00	\$16.33	\$22.10		\$23.16	\$8.80	\$11.76	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$71.29	\$0.00	\$16.33	\$22.10		\$23.16	\$8.80	12.82 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.95	\$71.29	\$0.00	\$16.33	\$22.10	\$0.00	\$23.16	\$8.80	\$12.82	\$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4246								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.22	\$101.56	\$0.00	\$16.33	\$22.10	\$0.00	\$23.16	\$8.80	\$12.82	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.59	\$5.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.02	\$1.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$211.46	\$108.70	\$0.00	\$16.55	\$22.51	\$0.00	\$40.63	\$8.80	\$12.82	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.77									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3643	1.4040
Provider: TOWNSEND PARK HEALTH AND REHABILITATION Prvdr ID: 00404995A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	34.04%	2.5%	3.75	4.0%	1.3494	1.4431	1.3768	1.4722
PDPM BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,567,567	\$3,677,818	\$0	\$775,232	\$878,041	\$0	\$1,832,339		\$404,137	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$92,040)	(\$2,635)	\$0	\$0	\$0	\$2,635	(\$77,060)		(\$14,980)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$96,720												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,980										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,587,227	\$3,675,183	\$0	\$775,232	\$878,041	\$2,635	\$1,755,279	\$96,720	\$389,157	\$14,980										
8	Total Nursing Facility Days	As Filed Days = 29,590 FY22 Audited C/R Days	29,590																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,590 FY22 GL-PL Ins Rpt Days								29,590												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$256.41	\$124.20	\$0.00	\$26.20	\$29.76	(with L&H)	\$59.32	\$3.27	\$13.15	\$0.51										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3643																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.03																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$26.20	\$29.76		\$59.32	\$3.27	\$13.15	\$0.51										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$231.48	\$91.03	\$0.00	\$26.20	\$29.76		\$38.83	\$3.27	41.88 <i>(FRV)</i>	\$0.51										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$231.48	\$91.03	\$0.00	\$26.20	\$29.76	\$0.00	\$38.83	\$3.27	\$41.88	\$0.51										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3768																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.33																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.78	\$125.33	\$0.00	\$26.20	\$29.76	\$0.00	\$38.83	\$3.27	\$41.88	\$0.51										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$292.18	\$134.00	\$0.00	\$26.42	\$30.17	\$0.00	\$55.93	\$3.27	\$41.88	\$0.51										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.31																			

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

FINAL

Provider: FOUR COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00405292A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2422	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.71%	2.5%	Quarterly Medicaid PDPM:			1.3395	1.4431
							3.26	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3665	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,079,336	\$2,497,188	\$0	\$653,822	\$580,933	\$0	\$883,505		\$463,888	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$112,871)	\$0	\$0	\$0	\$0	\$0	(\$77,543)		(\$35,328)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,300			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,328	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,068,093	\$2,497,188	\$0	\$653,822	\$580,933	\$0	\$805,962	\$66,300	\$428,560	\$35,328	
8	Total Nursing Facility Days	As Filed Days = 21,207 FY22 Audited C/R Days	21,207										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,207 FY22 GL-PL Ins Rpt Days								21,207			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$117.75	\$0.00	\$30.83	\$27.39	(with L&H)	\$38.00	\$3.13	\$20.21	\$1.67	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2422									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.79									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.79	\$0.00	\$30.83	\$27.39		\$38.00	\$3.13	\$20.21	\$1.67	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.98	\$94.79	\$0.00	\$30.35	\$27.39		\$38.00	\$3.13	11.65 (FRV)	\$1.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.98	\$94.79	\$0.00	\$30.35	\$27.39	\$0.00	\$38.00	\$3.13	\$11.65	\$1.67	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3665									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.53									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.72	\$129.53	\$0.00	\$30.35	\$27.39	\$0.00	\$38.00	\$3.13	\$11.65	\$1.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.13	\$10.25	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.85	\$139.78	\$0.00	\$30.35	\$27.80	\$0.00	\$55.47	\$3.13	\$11.65	\$1.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.56										

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

FINAL

Provider: SOUTHLAND HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00409054A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.3192			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 27.55%		Nurse Hours per On-Site Day/Quality Incentive: 3.90		3.90	1.0%	Quarterly Medicaid PDPM: 1.3943			1.4431	
							4.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.4218			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,261,512	\$4,643,553	\$0	\$888,539	\$1,054,947	\$0	\$1,599,049		\$2,075,424	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$155,759)	(\$1,673)	\$0	\$0	(\$5,891)	(\$3,359)	(\$68,981)		(\$75,855)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$120,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,073
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,301,726	\$4,641,880	\$0	\$888,539	\$1,049,056	(\$3,359)	\$1,530,068	\$120,900	\$1,999,569	\$75,073
8	Total Nursing Facility Days	As Filed Days = 36,292 FY22 Audited C/R Days	36,292									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,292 FY22 GL-PL Ins Rpt Days								36,292		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$283.85	\$127.90	\$0.00	\$24.48	\$28.81	(with L&H)	\$42.16	\$3.33	\$55.10	\$2.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3192								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.96	\$0.00	\$24.48	\$28.81		\$42.16	\$3.33	\$55.10	\$2.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.80	\$96.96	\$0.00	\$24.48	\$28.81		\$38.83	\$3.33	16.32 (FRV)	\$2.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.80	\$96.96	\$0.00	\$24.48	\$28.81	\$0.00	\$38.83	\$3.33	\$16.32	\$2.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4218								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.70	\$137.86	\$0.00	\$24.48	\$28.81	\$0.00	\$38.83	\$3.33	\$16.32	\$2.07
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.51	\$5.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.85	\$145.28	\$0.00	\$24.70	\$29.22	\$0.00	\$55.93	\$3.33	\$16.32	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.81									

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

FINAL

Provider: PRUITTHEALTH - TOOMSBORO		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00409494A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3874	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.59%	2.5%	Quarterly Medicaid PDPM:			1.4633	1.4431
							2.98	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4931	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,025,448	\$2,009,432	\$0	\$349,128	\$485,472	\$0	\$832,775		\$348,641	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$236,816)	(\$14,996)	\$0	\$0	(\$2,879)	(\$4,826)	(\$203,781)		(\$10,334)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$219,787			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,095	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,014,514	\$1,994,436	\$0	\$349,128	\$482,593	(\$4,826)	\$628,994	\$219,787	\$338,307	\$6,095	
8	Total Nursing Facility Days	As Filed Days = 17,548 FY22 Audited C/R Days	17,548										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,548 FY22 GL-PL Ins Rpt Days								17,548			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.78	\$113.66	\$0.00	\$19.90	\$27.23	(with L&H)	\$35.84	\$12.52	\$19.28	\$0.35	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3874									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.93									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.93	\$0.00	\$19.90	\$27.23		\$35.84	\$12.52	\$19.28	\$0.35	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.54	\$81.93	\$0.00	\$19.90	\$27.23		\$35.84	\$12.52	14.77 (FRV)	\$0.35	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.54	\$81.93	\$0.00	\$19.90	\$27.23	\$0.00	\$35.84	\$12.52	\$14.77	\$0.35	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4931									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.33									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.94	\$122.33	\$0.00	\$19.90	\$27.23	\$0.00	\$35.84	\$12.52	\$14.77	\$0.35	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.12	\$6.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.81	\$9.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.75	\$132.04	\$0.00	\$20.12	\$27.64	\$0.00	\$53.31	\$12.52	\$14.77	\$0.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.74										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3214	1.4040				
Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3214	1.4040	1.3579	1.4431	1.3848	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,048,996	\$2,583,318	\$0	\$502,111	\$564,655	\$0	\$972,910		\$426,002	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$112,611)	\$0	\$0	\$0	\$0	\$0	(\$75,029)		(\$37,582)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,960																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,582														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,037,927	\$2,583,318	\$0	\$502,111	\$564,655	\$0	\$897,881	\$63,960	\$388,420	\$37,582														
8	Total Nursing Facility Days	As Filed Days = 20,681																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,681																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.60	\$124.91	\$0.00	\$24.28	\$27.30	(with L&H)	\$43.42	\$3.09	\$18.78	\$1.82														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3214																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.53																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.53	\$0.00	\$24.28	\$27.30		\$43.42	\$3.09	\$18.78	\$1.82														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.51	\$94.53	\$0.00	\$24.28	\$27.30		\$38.83	\$3.09	12.66 (FRV)	\$1.82														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.51	\$94.53	\$0.00	\$24.28	\$27.30	\$0.00	\$38.83	\$3.09	\$12.66	\$1.82														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3848																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.91																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.89	\$130.91	\$0.00	\$24.28	\$27.30	\$0.00	\$38.83	\$3.09	\$12.66	\$1.82														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00														
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.70	\$137.99	\$0.00	\$24.50	\$27.71	\$0.00	\$55.93	\$3.09	\$12.66	\$1.82														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.95																							

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

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Provider: LEGACY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00415522A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2993	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.13%	2.5%	Quarterly Medicaid PDPM:			1.1783	1.4431
							3.59	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2017	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,375,362	\$1,612,037	\$0	\$366,024	\$496,858	\$0	\$660,635		\$239,808	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$11,950	\$25,466	\$0	(\$24,896)	\$0	\$0	\$20,451		(\$9,071)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$9,071	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,435,383	\$1,637,503	\$0	\$341,128	\$496,858	\$0	\$681,086	\$39,000	\$230,737	\$9,071	
8	Total Nursing Facility Days	As Filed Days = 11,220 FY22 Audited C/R Days	11,220										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,220 FY22 GL-PL Ins Rpt Days								11,220			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$306.18	\$145.95	\$0.00	\$30.40	\$44.28	(with L&H)	\$60.70	\$3.48	\$20.56	\$0.81	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2993									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.33									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.33	\$0.00	\$30.40	\$44.28		\$60.70	\$3.48	\$20.56	\$0.81	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$259.84	\$112.33	\$0.00	\$30.35	\$33.22		\$38.83	\$3.48	40.82 (FRV)	\$0.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$259.84	\$112.33	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.48	\$40.82	\$0.81	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2017									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.99									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.50	\$134.99	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.48	\$40.82	\$0.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.75	\$6.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.75	\$10.65	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$310.25	\$145.64	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$3.48	\$40.82	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.86										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: FOUNTAINVIEW CTR FOR ALZHEIMER Prvdr ID: 00421429A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 87.30% Nurse Hours per On-Site Day/Quality Incentive: 3.63			Facility Score Add-on Percent N/A 0.00% 5.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.3462 Quarterly Medicaid PDPM: 1.2302 Qtrly Mcaid PDPM w RUG Wght Options: 1.2541			Facility Specific State-wide 1.3462 1.4040 1.2302 1.4431 1.2541 1.4722	
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,405,343	\$4,341,143	\$0	\$866,137	\$980,403	\$0	\$1,480,909		\$736,751	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$463,387)	\$0	\$0	\$0	\$0	\$0	(\$203,293)		(\$260,094)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$203,293		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$260,094
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,405,343	\$4,341,143	\$0	\$866,137	\$980,403	\$0	\$1,277,616	\$203,293	\$476,657	\$260,094
8	Total Nursing Facility Days	As Filed Days = 36,053 FY22 Audited C/R Days	36,053									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,053 FY22 GL-PL Ins Rpt Days								36,053		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.13	\$120.41	\$0.00	\$24.02	\$27.19	(with L&H)	\$35.44	\$5.64	\$13.22	\$7.21
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3462								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.45	\$0.00	\$24.02	\$27.19		\$35.44	\$5.64	\$13.22	\$7.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.79	\$89.45	\$0.00	\$24.02	\$27.19		\$35.44	\$5.64	15.84 (FRV)	\$7.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.79	\$89.45	\$0.00	\$24.02	\$27.19	\$0.00	\$35.44	\$5.64	\$15.84	\$7.21
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2541								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.52	\$112.18	\$0.00	\$24.02	\$27.19	\$0.00	\$35.44	\$5.64	\$15.84	\$7.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.17	\$6.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.17	\$10.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.69	\$122.25	\$0.00	\$24.24	\$27.60	\$0.00	\$52.91	\$5.64	\$15.84	\$7.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.94									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: SANDY SPRINGS CENTER FOR NURSING AND HEALING LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00426214A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3895	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	2.5%	Quarterly Medicaid PDPM:			1.5000	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.67	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5309	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate			\$274.50	\$148.65		\$21.20	\$28.97		\$55.93	\$2.54	\$14.13	\$3.08
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$193.05									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,109,938	\$2,620,045	\$0	\$487,084	\$519,257	\$0	\$990,705		\$492,847	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$117,994)	\$0	\$0	\$0	\$0	\$0	(\$72,070)		(\$45,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,840		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,924
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,098,708	\$2,620,045	\$0	\$487,084	\$519,257	\$0	\$918,635	\$60,840	\$446,923	\$45,924
8	Total Nursing Facility Days	As Filed Days = 20,983 FY22 Audited C/R Days	20,983									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,983 FY22 GL-PL Ins Rpt Days								20,983		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.00	\$124.87	\$0.00	\$23.21	\$24.75	(with L&H)	\$43.78	\$2.90	\$21.30	\$2.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3373								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.38	\$0.00	\$23.21	\$24.75		\$43.78	\$2.90	\$21.30	\$2.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.34	\$93.38	\$0.00	\$23.21	\$24.75		\$38.83	\$2.90	12.08 (FRV)	\$2.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.34	\$93.38	\$0.00	\$23.21	\$24.75	\$0.00	\$38.83	\$2.90	\$12.08	\$2.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3513								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.14	\$126.18	\$0.00	\$23.21	\$24.75	\$0.00	\$38.83	\$2.90	\$12.08	\$2.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.94	\$6.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.57	\$7.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.77	\$15.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.91	\$141.22	\$0.00	\$23.43	\$25.16	\$0.00	\$55.93	\$2.90	\$12.08	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.36									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 44.44% Nurse Hours per On-Site Day/Quality Incentive: 3.29				Base Period Overall PDPMCM: 1.2544 Quarterly Medicaid PDPM: 1.4043 Qtrly Mcaid PDPM w RUG Wght Options: 1.4327				Facility Specific: 1.2544 Facility Specific: 1.4043 Facility Specific: 1.4327	State-wide: 1.4040 State-wide: 1.4431 State-wide: 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,900,785	\$2,206,799	\$0	\$328,069	\$423,191	\$0	\$583,049		\$359,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$127,815)	\$0	\$0	\$0	\$0	\$0	(\$102,459)		(\$25,356)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$99,509		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,356
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,897,835	\$2,206,799	\$0	\$328,069	\$423,191	\$0	\$480,590	\$99,509	\$334,321	\$25,356
8	Total Nursing Facility Days	As Filed Days = 18,190 FY22 Audited C/R Days	18,190									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,190 FY22 GL-PL Ins Rpt Days								18,190		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.29	\$121.32	\$0.00	\$18.04	\$23.27	(with L&H)	\$26.42	\$5.47	\$18.38	\$1.39
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2544								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.72	\$0.00	\$18.04	\$23.27		\$26.42	\$5.47	\$18.38	\$1.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.82	\$96.72	\$0.00	\$18.04	\$23.27		\$26.42	\$5.47	12.51 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.82	\$96.72	\$0.00	\$18.04	\$23.27	\$0.00	\$26.42	\$5.47	\$12.51	\$1.39
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4327								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.67	\$138.57	\$0.00	\$18.04	\$23.27	\$0.00	\$26.42	\$5.47	\$12.51	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.16	\$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	\$26.25	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.92	\$146.72	\$0.00	\$18.26	\$23.68	\$0.00	\$43.89	\$5.47	\$12.51	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.12									

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

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Provider: A.G. RHODES HOME, INC - COBB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00493292A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4838	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.03%	1.0%	Quarterly Medicaid PDPM:			1.5459	1.4431
							4.01	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5772	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,242,241	\$6,771,091	\$0	\$1,218,969	\$1,240,678	\$0	\$2,647,357		\$364,146	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$666,842)	(\$485,059)	\$0	\$0	\$0	(\$2,789)	(\$115,651)		(\$63,343)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$244,724			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,343	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$11,883,466	\$6,286,032	\$0	\$1,218,969	\$1,240,678	(\$2,789)	\$2,531,706	\$244,724	\$300,803	\$63,343	
8	Total Nursing Facility Days	As Filed Days = 37,555 FY22 Audited C/R Days	37,555										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,555 FY22 GL-PL Ins Rpt Days								37,555			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$316.43	\$167.38	\$0.00	\$32.46	\$32.96	(with L&H)	\$67.41	\$6.52	\$8.01	\$1.69	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4838									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.81									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.81	\$0.00	\$32.46	\$32.96		\$67.41	\$6.52	\$8.01	\$1.69	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.49	\$112.81	\$0.00	\$30.35	\$32.96		\$38.83	\$6.52	17.33 (FRV)	\$1.69	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$240.49	\$112.81	\$0.00	\$30.35	\$32.96	\$0.00	\$38.83	\$6.52	\$17.33	\$1.69	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5772									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$177.92									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$305.60	\$177.92	\$0.00	\$30.35	\$32.96	\$0.00	\$38.83	\$6.52	\$17.33	\$1.69	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.72	\$0.53	\$0.00	\$0.00	\$0.19	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.90	\$8.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.50	\$11.21	\$0.00	\$0.00	\$0.19	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$334.10	\$189.13	\$0.00	\$30.35	\$33.15	\$0.00	\$55.93	\$6.52	\$17.33	\$1.69	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$237.75										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
Provider: CAMBRIDGE POST ACUTE CARE CENTER Prvdr ID: 00494139A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.00% Nurse Hours per On-Site Day/Quality Incentive: 3.28			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall PDPMCM: 1.4474 Quarterly Medicaid PDPM: 1.4005 Qtrly Mcaid PDPM w RUG Wght Options: 1.4287			Facility Specific: 1.4474 1.4005 1.4287		State-wide: 1.4040 1.4431 1.4722
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,945,323	\$4,309,501	\$0	\$721,811	\$800,369	\$0	\$1,680,165		\$2,433,477	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$453,308)	\$0	\$0	\$0	\$0	\$0	(\$376,731)		(\$76,577)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$373,659				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$76,577		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,942,251	\$4,309,501	\$0	\$721,811	\$800,369	\$0	\$1,303,434	\$373,659	\$2,356,900	\$76,577		
8	Total Nursing Facility Days	As Filed Days = 44,712 FY22 Audited C/R Days	44,712											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,712 FY22 GL-PL Ins Rpt Days								44,712				
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.35	\$96.38	\$0.00	\$16.14	\$17.90	(with L&H)	\$29.15	\$8.36	\$52.71	\$1.71		
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4474										
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.59										
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.59	\$0.00	\$16.14	\$17.90		\$29.15	\$8.36	\$52.71	\$1.71		
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A			
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.92	\$66.59	\$0.00	\$16.14	\$17.90		\$29.15	\$8.36	13.07 (FRV)	\$1.71		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.92	\$66.59	\$0.00	\$16.14	\$17.90	\$0.00	\$29.15	\$8.36	\$13.07	\$1.71		
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4287										
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$95.14										
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.47	\$95.14	\$0.00	\$16.14	\$17.90	\$0.00	\$29.15	\$8.36	\$13.07	\$1.71		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.86	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$205.33	\$100.90	\$0.00	\$16.36	\$18.31	\$0.00	\$46.62	\$8.36	\$13.07	\$1.71		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.17											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$15,118,454	\$7,556,650	\$0	\$1,206,478	\$1,472,912	\$0	\$2,828,939		\$2,053,475	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$931,020)	(\$143,625)	\$0	\$0	\$0	\$0	(\$634,517)		(\$152,878)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$779,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$152,878
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$15,119,917	\$7,413,025	\$0	\$1,206,478	\$1,472,912	\$0	\$2,194,422	\$779,605	\$1,900,597	\$152,878
8	Total Nursing Facility Days	As Filed Days = 66,419 FY22 Audited C/R Days	66,419									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 66,419 FY22 GL-PL Ins Rpt Days								66,419		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.65	\$111.61	\$0.00	\$18.16	\$22.18	(with L&H)	\$33.04	\$11.74	\$28.62	\$2.30
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4534								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.79								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.79	\$0.00	\$18.16	\$22.18		\$33.04	\$11.74	\$28.62	\$2.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.71	\$76.79	\$0.00	\$18.16	\$22.18		\$33.04	\$11.74	14.50 (FRV)	\$2.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.71	\$76.79	\$0.00	\$18.16	\$22.18	\$0.00	\$33.04	\$11.74	\$14.50	\$2.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7168								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.75	\$131.83	\$0.00	\$18.16	\$22.18	\$0.00	\$33.04	\$11.74	\$14.50	\$2.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$259.63	\$139.61	\$0.00	\$18.38	\$22.59	\$0.00	\$50.51	\$11.74	\$14.50	\$2.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.90									

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

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Provider: JONESBORO NURSING AND REHABILITATION CENTER Prvdr ID: 00531033A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24			Growth Allowance: N/A Qtrly BIMS score: 17.89% Nurse Hours per On-Site Day/Quality Incentive: 3.54				0.00%	0.0%	Base Period Overall PDPMCM: 1.2817 Quarterly Medicaid PDPM: 1.2529 Qtrly Mcaid PDPM w RUG Wght Options: 1.2769			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,419,768	\$4,985,688	\$0	\$787,983	\$584,790	\$0	\$1,302,967		\$758,340	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$226,613)	\$0	\$0	\$0	\$0	\$0	(\$132,216)		(\$94,397)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,137				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$94,397		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,402,689	\$4,985,688	\$0	\$787,983	\$584,790	\$0	\$1,170,751	\$115,137	\$663,943	\$94,397		
8	Total Nursing Facility Days	As Filed Days = 43,632 FY22 Audited C/R Days	43,632											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,632 FY22 GL-PL Ins Rpt Days								43,632				
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.58	\$114.27	\$0.00	\$18.06	\$13.40	(with L&H)	\$26.83	\$2.64	\$15.22	\$2.16		
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2817										
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.16										
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.16	\$0.00	\$18.06	\$13.40		\$26.83	\$2.64	\$15.22	\$2.16		
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A			
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.33	\$89.16	\$0.00	\$18.06	\$13.40		\$26.83	\$2.64	14.08 (FRV)	\$2.16		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.33	\$89.16	\$0.00	\$18.06	\$13.40	\$0.00	\$26.83	\$2.64	\$14.08	\$2.16		
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2769										
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.85										
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.02	\$113.85	\$0.00	\$18.06	\$13.40	\$0.00	\$26.83	\$2.64	\$14.08	\$2.16		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$2.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$211.93	\$116.66	\$0.00	\$18.28	\$13.81	\$0.00	\$44.30	\$2.64	\$14.08	\$2.16		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.12											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4394	1.4040				
Provider: MAPLE RIDGE HEALTH CARE CENTER Prvdr ID: 00534619A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.4394	1.4040	1.3580	1.4431	1.3857	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,725,530	\$2,622,059	\$0	\$516,275	\$476,604	\$0	\$853,449		\$1,257,143	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$202,171)	\$5,100	\$0	\$0	(\$7,144)	(\$7,870)	(\$127,761)		(\$64,496)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$112,369																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,464														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,698,192	\$2,627,159	\$0	\$516,275	\$469,460	(\$7,870)	\$725,688	\$112,369	\$1,192,647	\$62,464														
8	Total Nursing Facility Days	As Filed Days = 23,773																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,773																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.71	\$110.51	\$0.00	\$21.72	\$19.42	(with L&H)	\$30.53	\$4.73	\$50.17	\$2.63														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4394																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.78																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.78	\$0.00	\$21.72	\$19.42		\$30.53	\$4.73	\$50.17	\$2.63														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.83	\$76.78	\$0.00	\$21.72	\$19.42		\$30.53	\$4.73	16.02	\$2.63														
											(FRV)															
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.83	\$76.78	\$0.00	\$21.72	\$19.42	\$0.00	\$30.53	\$4.73	\$16.02	\$2.63														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3857																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$106.39																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.44	\$106.39	\$0.00	\$21.72	\$19.42	\$0.00	\$30.53	\$4.73	\$16.02	\$2.63														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$225.92	\$112.77	\$0.00	\$21.94	\$19.83	\$0.00	\$48.00	\$4.73	\$16.02	\$2.63														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.62																							

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

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Provider: ROSEMONT AT STONE MOUNTAIN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00587331A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4553			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive: 2.23		Qtrly BIMS score: 62.40%		62.40%	5.5%	Quarterly Medicaid PDPM: 1.8672			1.4431	
								Qtrly Mcaid PDPM w RUG Wght Options: 1.9051			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,512,522	\$5,472,247	\$0	\$876,890	\$823,499	\$0	\$1,384,145		\$1,955,741	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$492,856)	\$0	\$0	\$0	\$0	\$0	(\$326,034)		(\$166,822)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$226,352		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$166,822
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$10,412,840	\$5,472,247	\$0	\$876,890	\$823,499	\$0	\$1,058,111	\$226,352	\$1,788,919	\$166,822
8	Total Nursing Facility Days	As Filed Days = 50,023 FY22 Audited C/R Days	50,023									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,023 FY22 GL-PL Ins Rpt Days								50,023		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.14	\$109.39	\$0.00	\$17.53	\$16.46	(with L&H)	\$21.15	\$4.52	\$35.76	\$3.33
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4553								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.17	\$0.00	\$17.53	\$16.46		\$21.15	\$4.52	\$35.76	\$3.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.04	\$75.17	\$0.00	\$17.53	\$16.46		\$21.15	\$4.52	12.88 (FRV)	\$3.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.04	\$75.17	\$0.00	\$17.53	\$16.46	\$0.00	\$21.15	\$4.52	\$12.88	\$3.33
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.9051								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.08	\$143.21	\$0.00	\$17.53	\$16.46	\$0.00	\$21.15	\$4.52	\$12.88	\$3.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.88	\$7.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.37	\$11.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.45	\$154.48	\$0.00	\$17.75	\$16.87	\$0.00	\$38.62	\$4.52	\$12.88	\$3.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.51									

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

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Provider: BAYVIEW NURSING HOME Prvdr ID: 00624951A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 52.38% Nurse Hours per On-Site Day/Quality Incentive: 4.09				0.00%	5.5%	Base Period Overall PDPMCM: 1.3343 Quarterly Medicaid PDPM: 1.3629 Qtrly Mcaid PDPM w RUG Wght Options: 1.3900			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,104,392	\$2,401,090	\$0	\$530,779	\$601,865	\$0	\$681,686		\$888,972	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$161,070)	\$0	\$0	\$0	\$0	(\$305)	(\$84,952)		(\$75,813)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$83,111			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,813	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,102,246	\$2,401,090	\$0	\$530,779	\$601,865	(\$305)	\$596,734	\$83,111	\$813,159	\$75,813	
8	Total Nursing Facility Days	As Filed Days = 19,448 FY22 Audited C/R Days	19,448										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,448 FY22 GL-PL Ins Rpt Days								19,448			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.34	\$123.46	\$0.00	\$27.29	\$30.93	(with L&H)	\$30.68	\$4.27	\$41.81	\$3.90	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3343									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.52									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.52	\$0.00	\$27.29	\$30.93		\$30.68	\$4.27	\$41.81	\$3.90	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$228.82	\$92.52	\$0.00	\$27.29	\$30.93		\$30.68	\$4.27	39.23 (FRV)	\$3.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$228.82	\$92.52	\$0.00	\$27.29	\$30.93	\$0.00	\$30.68	\$4.27	\$39.23	\$3.90	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3900									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.60									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.90	\$128.60	\$0.00	\$27.29	\$30.93	\$0.00	\$30.68	\$4.27	\$39.23	\$3.90	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.07	\$7.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.43	\$6.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.13	\$14.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$297.03	\$142.63	\$0.00	\$27.51	\$31.34	\$0.00	\$48.15	\$4.27	\$39.23	\$3.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.95										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: BRIARWOOD HEALTH CENTER BY HARBORVIEW				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00706813A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4020	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	2.5%	Quarterly Medicaid PDPM:			1.7002	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.51	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.7345	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
FY2021 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2022) @ 5.90%												
Patient Days												
FY 2021 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 21 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
1,4020												
Routine Services PDPM Adjusted Net Per Diem												
\$103.66												
Net Per Diems After PDPM Adjustments												
\$233.00												
Per Diem Standards												
\$117.25												
Base Period PDPM Adjusted Allowed Per Diem												
\$199.47												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
\$0.00												
PDPMA Allowed Per Diem After Growth Allowance												
\$199.47												
Quarterly Facility PDPM for Medicaid Residents												
1,7345												
Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
\$179.80												
Quarterly Medicaid PDPMA Allowed Per Diem												
\$275.61												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
\$1.16												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
\$4.49												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
\$5.39												
Nursing Home Provider Fee												
\$17.10												
Total Quarterly Per Diem Add-On Amounts												
\$28.14												
Quarterly PDPM Based Per Diem Rate												
\$303.75												
\$190.21												
\$19.92												
\$20.37												
\$55.93												
\$0.22												
\$12.87												
\$4.23												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
\$214.99												

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3735	1.4040
Provider: LEE COUNTY HEALTH AND REHABILITATION Prvdr ID: 00712665A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	22.00%	3.73	5.0%	1.2744	1.2996	1.4431	1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,593,753	\$2,195,298	\$0	\$540,128	\$560,303	\$0	\$840,511		\$457,513	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$99,859)	\$0	\$0	\$0	\$0	\$0	(\$56,972)		(\$42,887)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$42,887										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,583,581	\$2,195,298	\$0	\$540,128	\$560,303	\$0	\$783,539	\$46,800	\$414,626	\$42,887										
8	Total Nursing Facility Days	As Filed Days = 18,814 FY22 Audited C/R Days	18,814																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,814 FY22 GL-PL Ins Rpt Days								18,814												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.63	\$116.68	\$0.00	\$28.71	\$29.78	<i>(with L&H)</i>	\$41.65	\$2.49	\$22.04	\$2.28										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3735																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.95																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.95	\$0.00	\$28.71	\$29.78		\$41.65	\$2.49	\$22.04	\$2.28										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.83	\$84.95	\$0.00	\$28.71	\$29.78		\$38.83	\$2.49	16.79 <i>(FRV)</i>	\$2.28										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.83	\$84.95	\$0.00	\$28.71	\$29.78	\$0.00	\$38.83	\$2.49	\$16.79	\$2.28										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2996																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.40																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.28	\$110.40	\$0.00	\$28.71	\$29.78	\$0.00	\$38.83	\$2.49	\$16.79	\$2.28										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.52	\$5.52																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.16	\$117.55	\$0.00	\$28.93	\$30.19	\$0.00	\$55.93	\$2.49	\$16.79	\$2.28										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.80																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.6225	1.4040				
Provider: BRYAN COUNTY HLTH & REHAB CTR Prvdr ID: 00715569A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.6225	1.4040	1.7471	1.4431	1.7822	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
Peer Group Standards & Efficiency Measure Limits																										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,189,893	\$3,314,204	\$0	\$668,154	\$640,481	\$0	\$1,091,935		\$475,119	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$343,042)	(\$3,598)	\$0	\$0	\$0	(\$27,388)	(\$183,428)		(\$128,628)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$193,772																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$128,628														
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,169,251	\$3,310,606	\$0	\$668,154	\$640,481	(\$27,388)	\$908,507	\$193,772	\$346,491	\$128,628														
8	Total Nursing Facility Days	As Filed Days = 26,362																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,362																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.02	\$125.58	\$0.00	\$25.35	\$23.26	(with L&H)	\$34.46	\$7.35	\$13.14	\$4.88														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.6225																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.40																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$25.35	\$23.26		\$34.46	\$7.35	\$13.14	\$4.88														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.30	\$77.40	\$0.00	\$25.35	\$23.26		\$34.46	\$7.35	14.60 (FRV)	\$4.88														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.30	\$77.40	\$0.00	\$25.35	\$23.26	\$0.00	\$34.46	\$7.35	\$14.60	\$4.88														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.7822																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.94																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.84	\$137.94	\$0.00	\$25.35	\$23.26	\$0.00	\$34.46	\$7.35	\$14.60	\$4.88														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.59	\$7.59																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.90	\$6.90																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.12	\$15.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.96	\$152.96	\$0.00	\$25.57	\$23.67	\$0.00	\$51.93	\$7.35	\$14.60	\$4.88														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.90																							

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,221,628	\$4,517,898	\$0	\$692,473	\$820,903	\$0	\$1,888,975		\$301,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$772,689)	\$0	\$0	\$0	\$2,506	\$2,937	(\$519,790)		(\$258,342)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$519,790		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$260,055
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,228,784	\$4,517,898	\$0	\$692,473	\$823,409	\$2,937	\$1,369,185	\$519,790	\$43,037	\$260,055
8	Total Nursing Facility Days As Filed Days = 37,903	FY22 Audited C/R Days	37,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,903	FY22 GL-PL Ins Rpt Days								37,903		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.10	\$119.20	\$0.00	\$18.27	\$21.80	(with L&H)	\$36.12	\$13.71	\$1.14	\$6.86
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3314								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.53	\$0.00	\$18.27	\$21.80		\$36.12	\$13.71	\$1.14	\$6.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.64	\$89.53	\$0.00	\$18.27	\$21.80		\$36.12	\$13.71	20.35 (FRV)	\$6.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.64	\$89.53	\$0.00	\$18.27	\$21.80	\$0.00	\$36.12	\$13.71	\$20.35	\$6.86
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2649								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.36	\$113.25	\$0.00	\$18.27	\$21.80	\$0.00	\$36.12	\$13.71	\$20.35	\$6.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$3.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.39	\$117.18	\$0.00	\$18.49	\$22.21	\$0.00	\$53.59	\$13.71	\$20.35	\$6.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.47									

Quarterly Case Mix Per Diem Rate Calculations

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Provider: PERIMETER REHABILITATION SUITES BY HARBORVIEW Pvdr ID: 00815295A H/B ? : NO				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: 07/01/24		MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A	BIMS: 22.1%	Nurse Hours per On-Site Day/Quality Incentive: 3.00	0.00%	1.0%	3.0%	Base Period Overall PDPM: 1.5911	Quarterly Medicaid PDPM: 1.9054	Qtrly Mcaid PDPM w RUG Wght Options: 1.9442	1.4040	1.4438	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	h	i	j			
CASE MIX BASED RATE CALCULATIONS															
Cost Center Peer Groups per Selected Options															
Type of Facility within Peer Group				1	1	2	1	1	1						
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities						
Peer Group Standards & Efficiency Measure Limits															
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%						
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%						
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
Net Historical Cost 2021				FY2021 C/R -FY 2021 GL-PL Rpt	7,031,914	1,042,895	1,671,902	2,455	2,628,866	56,086	3,776,245	139,866			
Inflation (July 2022) @ 5.90%					414,883	61,531	98,787		155,103			8,252			
Patient Days				FY 2021 Cost Rpt	46,851	46,851	46,851		46,851	46,851	46,851	46,851			
Total Nursing Facility Days GL-PL Ins. Rpt				FY 21 GL-PL Ins Rpt Days											
Inflated NHC/ Patient Days					158.95	23.57	37.85		59.42	1.20	80.60	3.16			
Base Period Facility PDPM for all Residents					1,591.1										
Routine Services PDPM Adjusted Net Per Diem					\$99.90										
Net Per Diems After PDPM Adjustments				\$305.70	\$99.90	\$23.57	\$37.85		\$59.42	\$1.20	\$80.60	3.16			
Per Diem Standards					\$117.25	\$30.35	\$33.22		\$38.83						
Base Period PDPM Adjusted Allowed Per Diem				\$216.70	\$99.90	\$23.57	\$33.22		\$38.83	\$1.20	16.82	3.16			
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)				
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00						
PDPMA Allowed Per Diem After Growth Allowance				\$216.70	\$99.90	\$23.57	\$33.22		\$38.83	\$1.20	\$16.82	\$3.16			
Quarterly Facility PDPM for Medicaid Residents					1,944.2										
Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$194.23										
Quarterly Medicaid PDPMA Allowed Per Diem				\$311.02	\$194.23	\$23.57	\$33.22		\$38.83	\$1.20	\$16.82	\$3.16			
Quarterly Per Diem Add-On Amounts															
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$0.75	\$0.53	\$0.22	\$0.00		\$0.00						
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.94	1.94										
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$5.83	5.83										
Nursing Home Provider Fee				\$ 17.10					\$ 17.10						
Total Quarterly Per Diem Add-On Amounts				\$25.62											
Quarterly PDPM Based Per Diem Rate				\$336.64	\$202.53	\$23.79	\$33.22		\$55.93	\$1.20	\$16.82	\$3.16			
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$239.66											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall PDPMCM:	Facility Specific	State-wide		
Provider: THE D SCOTT HUDGENS CENTER FOR SKILLED NURSING														Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.4741	1.4040	
Prvdr ID: 000815493B														Qtrly BIMS score	37.04%	2.5%	Quarterly Medicaid PDPM:	1.3204	1.4431	
PDPM Per Diem Rate Effective Date: 7/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	3.12	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:	1.3452	1.4722	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24																				
			a	b	c	d	e	f	g	g	h	i								
<u>PDPM BASED RATE CALCULATIONS</u>																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
Peer Group Standards & Efficiency Measure Limits																				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,707,854	\$2,302,923	\$0	\$282,135	\$331,415	\$0	\$541,023		\$250,358	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$26,852)	(\$2,035)	\$0	\$0	\$0	\$0	(\$5,543)		(\$19,274)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$5,543										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,274								
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,705,819	\$2,300,888	\$0	\$282,135	\$331,415	\$0	\$535,480	\$5,543	\$231,084	\$19,274								
8	Total Nursing Facility Days	As Filed Days = 11,245		11,245																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,245								11,245										
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$329.54	\$204.61	\$0.00	\$25.09	\$29.47	(with L&H)	\$47.62	\$0.49	\$20.55	\$1.71								
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4741																
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$138.80																
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$138.80	\$0.00	\$25.09	\$29.47		\$47.62	\$0.49	\$20.55	\$1.71								
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A									
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.48	\$117.25	\$0.00	\$25.09	\$29.47		\$38.83	\$0.49	24.64 (FRV)	\$1.71								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$237.48	\$117.25	\$0.00	\$25.09	\$29.47	\$0.00	\$38.83	\$0.49	\$24.64	\$1.71								
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3452																
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.72																
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.95	\$157.72	\$0.00	\$25.09	\$29.47	\$0.00	\$38.83	\$0.49	\$24.64	\$1.71								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.94	\$3.94																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$302.77	\$164.81	\$0.00	\$25.31	\$29.88	\$0.00	\$55.93	\$0.49	\$24.64	\$1.71								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.25																	

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

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Provider: LIFE CARE CTR OF LAWRENCEVILLE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00818914A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3558	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.95%	0.0%	Quarterly Medicaid PDPM:			1.2210	1.4431
							4.13	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2449	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,780,872	\$4,252,241	\$0	\$774,843	\$773,295	\$0	\$1,425,908		\$554,585	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$283,900)	(\$41,353)	\$0	(\$4,116)	\$0	\$5,880	(\$68,213)		(\$176,098)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$101,555			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$176,098	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,774,625	\$4,210,888	\$0	\$770,727	\$773,295	\$5,880	\$1,357,695	\$101,555	\$378,487	\$176,098	
8	Total Nursing Facility Days	As Filed Days = 27,502 FY22 Audited C/R Days	27,502										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,502 FY22 GL-PL Ins Rpt Days								27,502			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.68	\$153.11	\$0.00	\$28.02	\$28.33	(with L&H)	\$49.37	\$3.69	\$13.76	\$6.40	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3558									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.93									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.93	\$0.00	\$28.02	\$28.33		\$49.37	\$3.69	\$13.76	\$6.40	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.91	\$112.93	\$0.00	\$28.02	\$28.33		\$38.83	\$3.69	18.71 (FRV)	\$6.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.91	\$112.93	\$0.00	\$28.02	\$28.33	\$0.00	\$38.83	\$3.69	\$18.71	\$6.40	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2449									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.59									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.57	\$140.59	\$0.00	\$28.02	\$28.33	\$0.00	\$38.83	\$3.69	\$18.71	\$6.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.05	\$145.34	\$0.00	\$28.24	\$28.74	\$0.00	\$55.93	\$3.69	\$18.71	\$6.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.46										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$18,678,434	\$10,344,265	\$0	\$2,205,936	\$946,953	\$411,291	\$3,045,165		\$1,724,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$2,473,808	\$2,663,664	\$0	\$0	\$0	\$0	(\$153,180)		(\$36,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$153,180		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,676
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$21,342,098	\$13,007,929	\$0	\$2,205,936	\$946,953	\$411,291	\$2,891,985	\$153,180	\$1,688,148	\$36,676
8	Total Nursing Facility Days As Filed Days = 48,815	FY22 Audited C/R Days	48,815									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,815	FY22 GL-PL Ins Rpt Days								48,815		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$437.19	\$266.47	\$0.00	\$45.19	\$27.82	(with L&H)	\$59.24	\$3.14	\$34.58	\$0.75
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3238								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$201.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$201.29	\$0.00	\$45.19	\$27.82		\$59.24	\$3.14	\$34.58	\$0.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$234.58	\$117.25	\$0.00	\$30.35	\$27.82		\$38.83	\$3.14	16.44 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$234.58	\$117.25	\$0.00	\$30.35	\$27.82	\$0.00	\$38.83	\$3.14	\$16.44	\$0.75
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2897								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$151.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.55	\$151.22	\$0.00	\$30.35	\$27.82	\$0.00	\$38.83	\$3.14	\$16.44	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.54	\$4.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.46	\$6.05	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.01	\$157.27	\$0.00	\$30.35	\$28.23	\$0.00	\$38.83	\$3.14	\$16.44	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.26									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ROSELANE HEALTH CENTER BY HARBORVIEW				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00831751A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4267	1.4040
H/B ? : NO				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	0.0%	Quarterly Medicaid PDPM:			1.8220	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.8597	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate			\$311.80	\$199.12		\$17.71	\$20.11		\$55.93	\$1.53	\$14.91	\$2.49
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$221.03									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:	1.2567	1.4040	Qtrly BIMS score	24.00%	1.0%
PDPM BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,660,131	\$4,154,253	\$0	\$726,367	\$640,793	\$0	\$1,786,828		\$351,890	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$203,598)	\$0	\$0	\$0	\$0	\$0	(\$192,140)		(\$11,458)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$192,140											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R																			\$11,458
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,660,131	\$4,154,253	\$0	\$726,367	\$640,793	\$0	\$1,594,688	\$192,140	\$340,432	\$11,458									
8	Total Nursing Facility Days	As Filed Days = 27,064 FY22 Audited C/R Days		27,064																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,064 FY22 GL-PL Ins Rpt Days								27,064											
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$283.04	\$153.50	\$0.00	\$26.84	\$23.68	(with L&H)	\$58.92	\$7.10	\$12.58	\$0.42									
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2567																	
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$122.14																	
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$122.14	\$0.00	\$26.84	\$23.68		\$58.92	\$7.10	\$12.58	\$0.42									
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A										
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.38	\$117.25	\$0.00	\$26.84	\$23.68		\$38.83	\$7.10	22.26 (FRV)	\$0.42									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.38	\$117.25	\$0.00	\$26.84	\$23.68	\$0.00	\$38.83	\$7.10	\$22.26	\$0.42									
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.0954																	
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.44																	
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.57	\$128.44	\$0.00	\$26.84	\$23.68	\$0.00	\$38.83	\$7.10	\$22.26	\$0.42									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.15	\$132.29	\$0.00	\$27.06	\$24.09	\$0.00	\$55.93	\$7.10	\$22.26	\$0.42									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.04																		

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

FINAL

Provider: ROCKDALE HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00838252A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.4619			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Qtrly BIMS score: 20.45%		Nurse Hours per On-Site Day/Quality Incentive: 3.73		3.73	1.0%	Quarterly Medicaid PDPM: 1.5482			1.4431	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.5795			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,342,356	\$4,463,902	\$0	\$646,184	\$664,279	\$0	\$1,521,632		\$2,046,359	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$354,485)	\$0	\$0	\$0	\$0	\$0	(\$259,485)		(\$95,000)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$259,485		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$95,000
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,342,356	\$4,463,902	\$0	\$646,184	\$664,279	\$0	\$1,262,147	\$259,485	\$1,951,359	\$95,000
8	Total Nursing Facility Days	As Filed Days = 34,419 FY22 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,419 FY22 GL-PL Ins Rpt Days								34,419		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.42	\$129.69	\$0.00	\$18.77	\$19.30	(with L&H)	\$36.67	\$7.54	\$56.69	\$2.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4619								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.72	\$0.00	\$18.77	\$19.30		\$36.67	\$7.54	\$56.69	\$2.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.14	\$88.72	\$0.00	\$18.77	\$19.30		\$36.67	\$7.54	14.38 (FRV)	\$2.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.14	\$88.72	\$0.00	\$18.77	\$19.30	\$0.00	\$36.67	\$7.54	\$14.38	\$2.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5795								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.55	\$140.13	\$0.00	\$18.77	\$19.30	\$0.00	\$36.67	\$7.54	\$14.38	\$2.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.78	\$146.26	\$0.00	\$18.99	\$19.71	\$0.00	\$54.14	\$7.54	\$14.38	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.01									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,153,410	\$4,325,330	\$0	\$880,811	\$460,772	\$623,476	\$1,466,595		\$396,426	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$170,931)	\$0	\$0	\$0	\$0	\$0	(\$141,024)		(\$29,907)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,907
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$8,144,255	\$4,325,330	\$0	\$880,811	\$460,772	\$623,476	\$1,325,571	\$131,869	\$366,519	\$29,907
8	Total Nursing Facility Days	As Filed Days = 29,797 FY22 Audited C/R Days	29,797									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,797 FY22 GL-PL Ins Rpt Days								29,797		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$273.33	\$145.16	\$0.00	\$29.56	\$36.39	(with L&H)	\$44.49	\$4.43	\$12.30	\$1.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5482								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.76								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.76	\$0.00	\$29.56	\$36.39		\$44.49	\$4.43	\$12.30	\$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.58	\$93.76	\$0.00	\$29.56	\$33.22		\$38.83	\$4.43	17.78 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.58	\$93.76	\$0.00	\$29.56	\$33.22	\$0.00	\$38.83	\$4.43	\$17.78	\$1.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3227								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.84	\$124.02	\$0.00	\$29.56	\$33.22	\$0.00	\$38.83	\$4.43	\$17.78	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$6.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$272.27	\$130.13	\$0.00	\$29.78	\$33.22	\$0.00	\$55.93	\$4.43	\$17.78	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.38									

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

FINAL

Provider: CANDLER SKILLED NURSING UNIT		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00870911A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4300	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	0.00%	0.0%	Quarterly Medicaid PDPM:			1.4431	1.4431
							8.12	0.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4722	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,718,622	\$2,359,133	\$0	\$190,644	\$205,344	\$323,053	\$982,616		\$657,832	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$60,719)	\$0	\$0	\$0	\$0	\$0	(\$37,504)		(\$23,215)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$37,504			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,215	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,718,622	\$2,359,133	\$0	\$190,644	\$205,344	\$323,053	\$945,112	\$37,504	\$634,617	\$23,215	
8	Total Nursing Facility Days	As Filed Days = 7,287 FY22 Audited C/R Days	7,287										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 7,287 FY22 GL-PL Ins Rpt Days								7,287			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$647.55	\$323.75	\$0.00	\$26.16	\$72.51	(with L&H)	\$129.70	\$5.15	\$87.09	\$3.19	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4300									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$226.40									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$226.40	\$0.00	\$26.16	\$72.51		\$129.70	\$5.15	\$87.09	\$3.19	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.72	\$117.25	\$0.00	\$26.16	\$33.22		\$38.83	\$5.15	11.92 (FRV)	\$3.19	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.72	\$117.25	\$0.00	\$26.16	\$33.22	\$0.00	\$38.83	\$5.15	\$11.92	\$3.19	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4722									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$172.62									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.09	\$172.62	\$0.00	\$26.16	\$33.22	\$0.00	\$38.83	\$5.15	\$11.92	\$3.19	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$308.41	\$172.62	\$0.00	\$26.38	\$33.22	\$0.00	\$55.93	\$5.15	\$11.92	\$3.19	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.48										

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

FINAL

Provider: PRUITTHEALTH - LAUREL PARK, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00908553A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.5280	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.73%	1.0%	Quarterly Medicaid PDPM:			1.5255	1.4431
							3.77	6.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5570	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,678,992	\$3,786,431	\$0	\$557,681	\$830,020	\$0	\$1,300,002		\$204,858	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$353,501)	(\$86,641)	\$0	\$0	(\$2,525)	(\$3,416)	(\$241,106)		(\$19,813)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$315,944			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,397	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,654,832	\$3,699,790	\$0	\$557,681	\$827,495	(\$3,416)	\$1,058,896	\$315,944	\$185,045	\$13,397	
8	Total Nursing Facility Days	As Filed Days = 27,207											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,207								27,207			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.60	\$135.99	\$0.00	\$20.50	\$30.29	(with L&H)	\$38.92	\$11.61	\$6.80	\$0.49	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5280									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.00									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.00	\$0.00	\$20.50	\$30.29		\$38.92	\$11.61	\$6.80	\$0.49	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.88	\$89.00	\$0.00	\$20.50	\$30.29		\$38.83	\$11.61	22.16 (FRV)	\$0.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.88	\$89.00	\$0.00	\$20.50	\$30.29	\$0.00	\$38.83	\$11.61	\$22.16	\$0.49	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5570									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.57									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.45	\$138.57	\$0.00	\$20.50	\$30.29	\$0.00	\$38.83	\$11.61	\$22.16	\$0.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.31	\$8.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.96	\$10.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$290.41	\$148.80	\$0.00	\$20.72	\$30.70	\$0.00	\$55.93	\$11.61	\$22.16	\$0.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.98										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ATRIUM HEALTH NAVICENT BALDWIN				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00947658A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3389	1.4040
H/B ? : YES				Case Mix Per Diem Rate Effective Date: 07/01/24		BIMS	0.0%	Quarterly Medicaid PDPM:			1.5975	1.4438
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Nurse Hours per On-Site Day/Quality Incentive:		6.68	0.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6300	1.4715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2021												
FY2021 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2022) @ 5.90%												
Patient Days												
FY 2021 Cost Rpt												
FY 21 GL-PL Ins Rpt Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,578,932	\$2,813,407	\$0	\$475,566	\$636,789	\$0	\$1,071,640		\$581,530	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$5,219)	\$0	\$0	\$0	(\$1,002)	(\$1,446)	\$17,189		(\$19,960)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,480		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,883
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,645,076	\$2,813,407	\$0	\$475,566	\$635,787	(\$1,446)	\$1,088,829	\$51,480	\$561,570	\$19,883
8	Total Nursing Facility Days	As Filed Days = 20,919 FY22 Audited C/R Days	20,919									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,919 FY22 GL-PL Ins Rpt Days								20,919		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$269.84	\$134.49	\$0.00	\$22.73	\$30.32	(with L&H)	\$52.05	\$2.46	\$26.84	\$0.95
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5326								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.75								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.75	\$0.00	\$22.73	\$30.32		\$52.05	\$2.46	\$26.84	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.54	\$87.75	\$0.00	\$22.73	\$30.32		\$38.83	\$2.46	36.50 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.54	\$87.75	\$0.00	\$22.73	\$30.32	\$0.00	\$38.83	\$2.46	\$36.50	\$0.95
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3405								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.42	\$117.63	\$0.00	\$22.73	\$30.32	\$0.00	\$38.83	\$2.46	\$36.50	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$8.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.33	\$125.81	\$0.00	\$22.95	\$30.73	\$0.00	\$55.93	\$2.46	\$36.50	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.67									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2906	1.4040				
Provider: ANSLEY PARK HEALTH AND REHABILITATION Prvdr ID: 003136416A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2906	1.4040	1.4025	1.4431	1.4307	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,601,021	\$2,408,553	\$0	\$413,316	\$516,839	\$0	\$892,047		\$370,266	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$46,732	(\$76,957)	\$0	\$76,957	(\$606)	(\$1,144)	\$67,498		(\$19,016)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,480																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$18,951													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,718,184	\$2,331,596	\$0	\$490,273	\$516,233	(\$1,144)	\$959,545	\$51,480	\$351,250	\$18,951														
8	Total Nursing Facility Days	As Filed Days = 15,019																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,019								15,019																
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$314.15	\$155.24	\$0.00	\$32.64	\$34.30	(with L&H)	\$63.89	\$3.43	\$23.39	\$1.26														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2906																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$120.29																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.29	\$0.00	\$32.64	\$34.30		\$63.89	\$3.43	\$23.39	\$1.26														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$264.54	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$3.43	40.20 (FRV)	\$1.26														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$264.54	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.43	\$40.20	\$1.26														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4307																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$167.75																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$315.04	\$167.75	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.43	\$40.20	\$1.26														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00														
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.39	\$8.39																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.49	\$8.39	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$340.53	\$176.14	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$3.43	\$40.20	\$1.26														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$242.57																							

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

FINAL

Provider: STEVENS PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003143404A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.2907	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	3.45%	0.0%	Quarterly Medicaid PDPM:			1.2897	1.4431
							4.03	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3148	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,393,174	\$1,662,226	\$0	\$392,134	\$424,710	\$0	\$749,582		\$164,522	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$8,670	(\$112,880)	\$0	\$0	\$1,418	\$1,094	\$127,575		(\$8,537)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$32,760			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,573	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,443,177	\$1,549,346	\$0	\$392,134	\$426,128	\$1,094	\$877,157	\$32,760	\$155,985	\$8,573	
8	Total Nursing Facility Days As Filed Days = 12,754	FY22 Audited C/R Days	12,684										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,754	FY22 GL-PL Ins Rpt Days								12,684			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.46	\$122.15	\$0.00	\$30.92	\$33.68	(with L&H)	\$69.15	\$2.58	\$12.30	\$0.68	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2907									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.64									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.64	\$0.00	\$30.92	\$33.68		\$69.15	\$2.58	\$12.30	\$0.68	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.52	\$94.64	\$0.00	\$30.35	\$33.22		\$38.83	\$2.58	35.22 (FRV)	\$0.68	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.52	\$94.64	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.58	\$35.22	\$0.68	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3148									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.43									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.31	\$124.43	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.58	\$35.22	\$0.68	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$5.51	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.92	\$129.94	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$2.58	\$35.22	\$0.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.12										

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

FINAL

Provider: CHELSEY PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003165720A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3744	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.00%	1.0%	Quarterly Medicaid PDPM:			1.3532	1.4431
							3.66	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3796	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,422,483	\$2,222,524	\$0	\$413,802	\$453,764	\$0	\$883,289		\$449,104	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$26,490)	\$0	\$0	\$0	(\$1,435)	(\$2,488)	\$1,601		(\$24,168)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,959	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,466,752	\$2,222,524	\$0	\$413,802	\$452,329	(\$2,488)	\$884,890	\$46,800	\$424,936	\$23,959	
8	Total Nursing Facility Days	As Filed Days = 16,347											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,347								16,347			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.24	\$135.96	\$0.00	\$25.31	\$27.52	(with L&H)	\$54.13	\$2.86	\$25.99	\$1.47	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3744									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.92									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.92	\$0.00	\$25.31	\$27.52		\$54.13	\$2.86	\$25.99	\$1.47	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.61	\$98.92	\$0.00	\$25.31	\$27.52		\$38.83	\$2.86	38.70 (FRV)	\$1.47	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.61	\$98.92	\$0.00	\$25.31	\$27.52	\$0.00	\$38.83	\$2.86	\$38.70	\$1.47	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3796									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.47									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.16	\$136.47	\$0.00	\$25.31	\$27.52	\$0.00	\$38.83	\$2.86	\$38.70	\$1.47	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.08	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$296.24	\$143.82	\$0.00	\$25.53	\$27.93	\$0.00	\$55.93	\$2.86	\$38.70	\$1.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.36										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3913	1.4040
Provider: HARRINGTON PARK HEALTH AND REHABILITATION Prvdr ID: 003165726A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	37.84%	2.5%	3.68	5.0%	1.3476	1.3746	1.4431	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,723,141	\$2,252,172	\$0	\$493,701	\$504,797	\$0	\$1,078,188		\$394,283	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$16,192	(\$2,424)	\$0	\$0	\$6,250	\$2,154	\$31,804		(\$21,592)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$45,240												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,641										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,805,214	\$2,249,748	\$0	\$493,701	\$511,047	\$2,154	\$1,109,992	\$45,240	\$372,691	\$20,641										
8	Total Nursing Facility Days	As Filed Days = 17,092 FY22 Audited C/R Days	17,096																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,092 FY22 GL-PL Ins Rpt Days								17,096												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.08	\$131.59	\$0.00	\$28.88	\$30.02	<i>(with L&H)</i>	\$64.93	\$2.65	\$21.80	\$1.21										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3913																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.58																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.58	\$0.00	\$28.88	\$30.02		\$64.93	\$2.65	\$21.80	\$1.21										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.46	\$94.58	\$0.00	\$28.88	\$30.02		\$38.83	\$2.65	40.29 <i>(FRV)</i>	\$1.21										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$236.46	\$94.58	\$0.00	\$28.88	\$30.02	\$0.00	\$38.83	\$2.65	\$40.29	\$1.21										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3746																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.01																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.89	\$130.01	\$0.00	\$28.88	\$30.02	\$0.00	\$38.83	\$2.65	\$40.29	\$1.21										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.50	\$6.50																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.01	\$10.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$299.90	\$140.29	\$0.00	\$29.10	\$30.43	\$0.00	\$55.93	\$2.65	\$40.29	\$1.21										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.10																			

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

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Provider: BUDD TERRACE AT WESLEY WOODS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003167547A		PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24				Growth Allowance: N/A	0.00%	Base Period Overall PDPMCM: 1.3751			1.3751	1.4040
		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score: 28.57%	1.0%	Quarterly Medicaid PDPM: 1.3176			1.3176	1.4431
						3.05	3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.3433			1.3433	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$19,942,348	\$9,296,921	\$0	\$1,722,137	\$2,220,906	\$0	\$6,148,773		\$553,611	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$168,068)	(\$6,090)	\$0	\$0	\$0	\$0	(\$144,699)		(\$17,279)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,279
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$19,791,559	\$9,290,831	\$0	\$1,722,137	\$2,220,906	\$0	\$6,004,074	\$0	\$536,332	\$17,279
8	Total Nursing Facility Days	As Filed Days = 49,397 FY22 Audited C/R Days	49,397									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,397 FY22 GL-PL Ins Rpt Days								49,397		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$400.66	\$188.08	\$0.00	\$34.86	\$44.96	(with L&H)	\$121.55	\$0.00	\$10.86	\$0.35
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3751								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$136.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$136.78	\$0.00	\$34.86	\$44.96		\$121.55	\$0.00	\$10.86	\$0.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.09	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$0.00	17.09 (FRV)	\$0.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$237.09	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$0.00	\$17.09	\$0.35
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3433								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.34	\$157.50	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$0.00	\$17.09	\$0.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$6.31	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$300.75	\$163.81	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$0.00	\$17.09	\$0.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.74									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.2699	1.4040
Provider: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													N/A	0.00%	20.97%	3.83	5.0%	1.3811	1.4431	1.4089	1.4722	
<u>PDPM BASED RATE CALCULATIONS</u>																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,494,771	\$3,596,629	\$0	\$575,471	\$610,145	\$0	\$1,263,419		\$449,107	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$32,655)	\$0	\$0	\$0	\$0	\$0	(\$9,046)		(\$23,609)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$58,500												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,609										
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,544,225	\$3,596,629	\$0	\$575,471	\$610,145	\$0	\$1,254,373	\$58,500	\$425,498	\$23,609										
8	Total Nursing Facility Days	As Filed Days = 24,403 FY22 Audited C/R Days	24,515																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,403 FY22 GL-PL Ins Rpt Days								24,515												
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.95	\$146.71	\$0.00	\$23.47	\$24.89	<i>(with L&H)</i>	\$51.17	\$2.39	\$17.36	\$0.96										
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2699																		
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$115.53																		
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$23.47	\$24.89		\$51.17	\$2.39	\$17.36	\$0.96										
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A											
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.58	\$115.53	\$0.00	\$23.47	\$24.89		\$38.83	\$2.39	32.51 <i>(FRV)</i>	\$0.96										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.58	\$115.53	\$0.00	\$23.47	\$24.89	\$0.00	\$38.83	\$2.39	\$32.51	\$0.96										
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4089																		
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$162.77																		
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.82	\$162.77	\$0.00	\$23.47	\$24.89	\$0.00	\$38.83	\$2.39	\$32.51	\$0.96										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.14	\$8.14																		
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	\$28.03	\$10.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.85	\$173.07	\$0.00	\$23.69	\$25.30	\$0.00	\$55.93	\$2.39	\$32.51	\$0.96										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.56																			

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

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Provider: ROCKMART HEALTH Prvdr ID: 003182988A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A		Qtrly BIMS score: 21.28%	Nurse Hours per On-Site Day/Quality Incentive: 3.53	0.00%	1.0%	5.0%	Base Period Overall PDPMCM: 1.2139	Quarterly Medicaid PDPM: 1.2417	Qtrly Mcaid PDPM w RUG Wght Options: 1.2664	1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,719,635	\$1,724,071	\$0	\$607,553	\$488,246	\$0	\$623,132		\$276,633	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$90,373)	\$0	\$0	\$0	\$0	\$25	(\$62,474)		(\$27,924)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,116				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$27,924		
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,718,302	\$1,724,071	\$0	\$607,553	\$488,246	\$25	\$560,658	\$61,116	\$248,709	\$27,924		
8	Total Nursing Facility Days	As Filed Days = 14,666 FY22 Audited C/R Days	14,666											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,666 FY22 GL-PL Ins Rpt Days								14,666				
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.54	\$117.56	\$0.00	\$41.43	\$33.29	(with L&H)	\$38.23	\$4.17	\$16.96	\$1.90		
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2139										
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.84										
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$41.43	\$33.29		\$38.23	\$4.17	\$16.96	\$1.90		
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A			
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.12	\$96.84	\$0.00	\$30.35	\$33.22		\$38.23	\$4.17	10.41 (FRV)	\$1.90		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.12	\$96.84	\$0.00	\$30.35	\$33.22	\$0.00	\$38.23	\$4.17	\$10.41	\$1.90		
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2664										
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.64										
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.92	\$122.64	\$0.00	\$30.35	\$33.22	\$0.00	\$38.23	\$4.17	\$10.41	\$1.90		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.36	\$7.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.28	\$130.53	\$0.00	\$30.35	\$33.22	\$0.00	\$55.70	\$4.17	\$10.41	\$1.90		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.89											

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

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Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003185378A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.4065	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	47.96%	5.5%	Quarterly Medicaid PDPM:			1.4784	1.4431
							3.39	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5082	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,215,317	\$5,224,539	\$0	\$739,912	\$832,077	\$0	\$1,502,727		\$916,062	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$252,972)	(\$1,387)	\$0	\$0	(\$4,181)	(\$10,859)	(\$153,006)		(\$83,539)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$155,599			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$82,674	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$9,200,618	\$5,223,152	\$0	\$739,912	\$827,896	(\$10,859)	\$1,349,721	\$155,599	\$832,523	\$82,674	
8	Total Nursing Facility Days	As Filed Days = 36,805 FY22 Audited C/R Days	36,805										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,805 FY22 GL-PL Ins Rpt Days								36,805			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.98	\$141.91	\$0.00	\$20.10	\$22.20	(with L&H)	\$36.67	\$4.23	\$22.62	\$2.25	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4065									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.89									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.89	\$0.00	\$20.10	\$22.20		\$36.67	\$4.23	\$22.62	\$2.25	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.02	\$100.89	\$0.00	\$20.10	\$22.20		\$36.67	\$4.23	16.68 (FRV)	\$2.25	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.02	\$100.89	\$0.00	\$20.10	\$22.20	\$0.00	\$36.67	\$4.23	\$16.68	\$2.25	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5082									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$152.16									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.29	\$152.16	\$0.00	\$20.10	\$22.20	\$0.00	\$36.67	\$4.23	\$16.68	\$2.25	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.37	\$8.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.56	\$13.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$285.85	\$165.62	\$0.00	\$20.32	\$22.61	\$0.00	\$54.14	\$4.23	\$16.68	\$2.25	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.56										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,799,293	\$3,951,225	\$0	\$624,234	\$932,649	\$0	\$1,422,698		\$868,487	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$208,016)	(\$5,635)	\$0	\$0	\$0	\$0	(\$135,963)		(\$66,418)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,418
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,735,695	\$3,945,590	\$0	\$624,234	\$932,649	\$0	\$1,286,735	\$78,000	\$802,069	\$66,418
8	Total Nursing Facility Days	As Filed Days = 30,894 FY22 Audited C/R Days	30,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,894 FY22 GL-PL Ins Rpt Days								30,894		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.39	\$127.71	\$0.00	\$20.21	\$30.19	(with L&H)	\$41.65	\$2.52	\$25.96	\$2.15
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2888								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.10								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.10	\$0.00	\$20.21	\$30.19		\$41.65	\$2.52	\$25.96	\$2.15
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$99.10	\$0.00	\$20.21	\$30.19		\$38.83	\$2.52	26.46 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.46	\$99.10	\$0.00	\$20.21	\$30.19	\$0.00	\$38.83	\$2.52	\$26.46	\$2.15
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3153								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.71	\$130.35	\$0.00	\$20.21	\$30.19	\$0.00	\$38.83	\$2.52	\$26.46	\$2.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.17	\$7.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.64	\$12.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$281.35	\$143.26	\$0.00	\$20.43	\$30.60	\$0.00	\$55.93	\$2.52	\$26.46	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.19									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3387	1.4040				
Provider: OCEANSIDE HEALTH AND REHAB Prvdr ID: 003188970A PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall PDPMCM:	Quarterly Medicaid PDPM:	Qtrly Mcaid PDPM w RUG Wght Options:	1.3387	1.4040	1.1727	1.4431	1.1947	1.4722
<u>PDPM BASED RATE CALCULATIONS</u>																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,611,174	\$3,181,240	\$0	\$322,049	\$614,141	\$0	\$786,932		\$706,812	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$226,808)	\$0	\$0	\$0	\$0	\$0	(\$118,051)		(\$108,757)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,928																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R											\$108,757													
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$5,611,051	\$3,181,240	\$0	\$322,049	\$614,141	\$0	\$668,881	\$117,928	\$598,055	\$108,757														
8	Total Nursing Facility Days	As Filed Days = 22,156																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,156																								
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.25	\$143.58	\$0.00	\$14.54	\$27.72	(with L&H)	\$30.19	\$5.32	\$26.99	\$4.91														
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3387																						
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$107.25																						
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.25	\$0.00	\$14.54	\$27.72		\$30.19	\$5.32	\$26.99	\$4.91														
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A															
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.13	\$107.25	\$0.00	\$14.54	\$27.72		\$30.19	\$5.32	18.20 (FRV)	\$4.91														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.13	\$107.25	\$0.00	\$14.54	\$27.72	\$0.00	\$30.19	\$5.32	\$18.20	\$4.91														
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1947																						
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.13																						
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.01	\$128.13	\$0.00	\$14.54	\$27.72	\$0.00	\$30.19	\$5.32	\$18.20	\$4.91														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.76	\$133.78	\$0.00	\$14.76	\$28.13	\$0.00	\$47.66	\$5.32	\$18.20	\$4.91														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.75																							

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

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Provider: BOSTICK NURSING CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003192286A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.0507	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.80%	0.0%	Quarterly Medicaid PDPM:			1.1019	1.4431
							2.80	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.1233	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$15,942,955	\$8,850,424	\$0	\$1,930,548	\$1,827,185	\$0	\$1,517,533		\$1,817,265	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$447,585)	\$118,384	\$0	\$0	\$0	\$0	(\$260,924)		(\$305,045)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$209,529			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$305,045	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$16,009,944	\$8,968,808	\$0	\$1,930,548	\$1,827,185	\$0	\$1,256,609	\$209,529	\$1,512,220	\$305,045	
8	Total Nursing Facility Days	As Filed Days = 75,720 FY22 Audited C/R Days	75,720										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 75,720 FY22 GL-PL Ins Rpt Days								75,720			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.45	\$118.45	\$0.00	\$25.50	\$24.13	(with L&H)	\$16.60	\$2.77	\$19.97	\$4.03	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.0507									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.73									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.73	\$0.00	\$25.50	\$24.13		\$16.60	\$2.77	\$19.97	\$4.03	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.32	\$112.73	\$0.00	\$25.50	\$24.13		\$16.60	\$2.77	21.56 (FRV)	\$4.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.32	\$112.73	\$0.00	\$25.50	\$24.13	\$0.00	\$16.60	\$2.77	\$21.56	\$4.03	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.1233									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.63									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.22	\$126.63	\$0.00	\$25.50	\$24.13	\$0.00	\$16.60	\$2.77	\$21.56	\$4.03	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.65	\$130.96	\$0.00	\$25.72	\$24.54	\$0.00	\$34.07	\$2.77	\$21.56	\$4.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.91										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,785,843	\$2,541,105	\$0	\$424,115	\$475,567	\$0	\$973,239		\$371,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$110,999)	\$0	\$0	\$0	\$0	\$0	(\$53,751)		(\$57,248)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,207		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,248
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$4,795,299	\$2,541,105	\$0	\$424,115	\$475,567	\$0	\$919,488	\$63,207	\$314,569	\$57,248
8	Total Nursing Facility Days	As Filed Days = 22,953 FY22 Audited C/R Days	22,953									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,953 FY22 GL-PL Ins Rpt Days								22,953		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.91	\$110.71	\$0.00	\$18.48	\$20.72	(with L&H)	\$40.06	\$2.75	\$13.70	\$2.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3200								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.87	\$0.00	\$18.48	\$20.72		\$40.06	\$2.75	\$13.70	\$2.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPM Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.69	\$83.87	\$0.00	\$18.48	\$20.72		\$38.83	\$2.75	11.55 (FRV)	\$2.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.69	\$83.87	\$0.00	\$18.48	\$20.72	\$0.00	\$38.83	\$2.75	\$11.55	\$2.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3003								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.88	\$109.06	\$0.00	\$18.48	\$20.72	\$0.00	\$38.83	\$2.75	\$11.55	\$2.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.00	\$6.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.41	\$118.86	\$0.00	\$18.70	\$21.13	\$0.00	\$55.93	\$2.75	\$11.55	\$2.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.73									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center Prvdr ID: 003245344A H/B?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 20.0% Nurse Hours per On-Site Day/Quality Incentive: 1.62		Facility Score: N/A Add-on Percent: 0.00% 1.0% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.6011 Quarterly Medicaid PDPM: 0.0000 Qrtly Mcaid PDPM w RUG Wght Options: 1.6011			Facility Specific: 1.6011 0.0000 1.6011	State-wide: 1.4040 1.4438 1.4715
PDPM Per Diem Rate Effective Date: 07/01/24 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24											

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After PDPMA for Routine Svcs)												
Allowed @ 90% of Std												
Growth Allowance 0.00%												
PDPMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% o Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archbold Living Cairo	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide
Prvdr ID: 003294668A	Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:		Use Stwd	1.4040
H/B ? : No	PDPM Per Diem Rate Effective Date: 07/01/24	BIMS:	0.0%	0.0%	Quarterly Medicaid PDPM:		0.0000	1.4438
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/24	Nurse Hours per On-Site Day/Quality Incentive:	7.23	3.0%	Qrtrly Mcaid PDPM w RUG Wght Options:		1.6011	1.4715

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Svcs)	FY 2020 Peer Group Limit		\$117.25		\$30.35	\$33.22		\$38.83		\$42.50	\$0.00
	<u>Allowed @ 90% of Std</u>		\$240.20	\$105.53		\$27.32	\$29.90		\$34.95		\$42.50	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	PDPMA Allowed Per Diem (After Growth Allowance)		\$240.20	\$105.53		\$27.32	\$29.90		\$34.95	\$	42.50	\$0.00
	Quarterly Facility PDPM for Medicaid Residents			1.6011							(FRV Rate)	
	Qrtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem			\$168.97								
	Quarterly Medicaid PDPMA Allowed Per Diem		\$307.67	\$168.97		\$27.32	\$29.90		\$34.95	4.03	\$42.50	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$5.07	\$5.07								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.17									
	Quarterly PDPM Based Per Diem Rate		\$329.84	\$174.04		\$27.32	\$29.90		\$52.05	4.03	\$42.50	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$234.55									

Quarterly Case Mix Per Diem Calculation

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<p>Provider: PruittHealth - Rome Prvdr ID: 299031876A H/B ?: No</p> <p style="text-align: center;"><u>Add-on Data and Percentages</u></p> <p>Growth Allowance: N/A BIMS: 38.1% Nurse Hours per On-Site Day/Quality Incentive: 3.95</p> <p style="text-align: center;"><u>Case Mix Index (CMI) Data</u></p> <p>Base Period Overall PDPM: 1.4169 Quarterly Medicaid PDPM: 1.4438 Qtrly Mcaid PDPM w RUG Wght Options: 1.7402</p> <p>Facility Specific: 1.4169 State-wide: 1.4040 Facility Specific: 1.4169 State-wide: 1.4438 Facility Specific: 1.7402 State-wide: 1.4715</p>												
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After PDPMA for Routine Svcs)												
<u>Allowed @ 95% of Std</u>												
Growth Allowance 0.0%												
PDPMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

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

FINAL

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 321026473A		PDPM Per Diem Rate Effective Date: 7/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCM:			1.3447	1.4040
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.62%	1.0%	Quarterly Medicaid PDPM:			1.3577	1.4431
							3.45	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3846	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,163,309	\$3,515,972	\$0	\$590,762	\$901,648	\$0	\$1,426,055		\$728,872	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$235,729)	\$6,192	\$0	\$0	\$1,398	\$1,562	(\$146,009)		(\$98,872)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$200,583			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$99,196	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$7,227,359	\$3,522,164	\$0	\$590,762	\$903,046	\$1,562	\$1,280,046	\$200,583	\$630,000	\$99,196	
8	Total Nursing Facility Days	As Filed Days = 30,206 FY22 Audited C/R Days	30,206										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,206 FY22 GL-PL Ins Rpt Days								30,206			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.27	\$116.60	\$0.00	\$19.56	\$29.95	(with L&H)	\$42.38	\$6.64	\$20.86	\$3.28	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3447									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.71									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.71	\$0.00	\$19.56	\$29.95		\$42.38	\$6.64	\$20.86	\$3.28	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.38	\$86.71	\$0.00	\$19.56	\$29.95		\$38.83	\$6.64	13.41 (FRV)	\$3.28	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.38	\$86.71	\$0.00	\$19.56	\$29.95	\$0.00	\$38.83	\$6.64	\$13.41	\$3.28	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3846									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.06									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.73	\$120.06	\$0.00	\$19.56	\$29.95	\$0.00	\$38.83	\$6.64	\$13.41	\$3.28	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40									
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	\$21.86	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.59	\$124.19	\$0.00	\$19.78	\$30.36	\$0.00	\$55.93	\$6.64	\$13.41	\$3.28	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.37										

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

FINAL

Provider: GLENWOOD HEALTHCARE Prvdr ID: 701562744A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
PDPM Per Diem Rate Effective Date: 7/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Growth Allowance: N/A Qtrly BIMS score: 38.46% Nurse Hours per On-Site Day/Quality Incentive: 2.83				0.00%	2.5%	Base Period Overall PDPMCM: 1.3499 Quarterly Medicaid PDPM: 1.2928 Qtrly Mcaid PDPM w RUG Wght Options: 1.3190			1.4040	1.4431	1.4722
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,528,493	\$1,698,263	\$0	\$325,796	\$327,456	\$0	\$484,050		\$692,928	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$70,509)	(\$4,370)	\$0	\$0	\$0	\$0	(\$45,035)		(\$21,104)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$43,329			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,104	
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$3,522,417	\$1,693,893	\$0	\$325,796	\$327,456	\$0	\$439,015	\$43,329	\$671,824	\$21,104	
8	Total Nursing Facility Days	As Filed Days = 14,326 FY22 Audited C/R Days	14,326										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,326 FY22 GL-PL Ins Rpt Days								14,326			
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.87	\$118.24	\$0.00	\$22.74	\$22.86	(with L&H)	\$30.64	\$3.02	\$46.90	\$1.47	
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3499									
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.59									
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.59	\$0.00	\$22.74	\$22.86		\$30.64	\$3.02	\$46.90	\$1.47	
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A		
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.44	\$87.59	\$0.00	\$22.74	\$22.86		\$30.64	\$3.02	14.12 (FRV)	\$1.47	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.44	\$87.59	\$0.00	\$22.74	\$22.86	\$0.00	\$30.64	\$3.02	\$14.12	\$1.47	
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3190									
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.53									
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.38	\$115.53	\$0.00	\$22.74	\$22.86	\$0.00	\$30.64	\$3.02	\$14.12	\$1.47	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$234.21	\$121.26	\$0.00	\$22.96	\$23.27	\$0.00	\$48.11	\$3.02	\$14.12	\$1.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.83										

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

FINAL

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 835154999A		PDPM Per Diem Rate Effective Date: 7/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall PDPMCM: 1.5420			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/24		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 61.97%		61.97%	5.5%	Quarterly Medicaid PDPM: 1.5848			1.4431	
						3.13	4.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.6168			1.4722	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,810,586	\$3,919,928	\$0	\$645,928	\$651,027	\$0	\$1,559,142		\$34,561	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$518,699)	(\$289,797)	\$0	(\$2,824)	(\$704)	(\$812)	(\$195,554)		(\$29,008)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$243,115		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,980
7	Cost Center Costs After Audit Adjustments	FY22 Audited C/R	\$6,563,982	\$3,630,131	\$0	\$643,104	\$650,323	(\$812)	\$1,363,588	\$243,115	\$5,553	\$28,980
8	Total Nursing Facility Days	As Filed Days = 32,388 FY22 Audited C/R Days	32,690									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,388 FY22 GL-PL Ins Rpt Days								32,690		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.80	\$111.05	\$0.00	\$19.67	\$19.87	(with L&H)	\$41.71	\$7.44	\$0.17	\$0.89
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5420								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.02								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.02	\$0.00	\$19.67	\$19.87		\$41.71	\$7.44	\$0.17	\$0.89
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.91	\$72.02	\$0.00	\$19.67	\$19.87		\$38.83	\$7.44	8.19 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.91	\$72.02	\$0.00	\$19.67	\$19.87	\$0.00	\$38.83	\$7.44	\$8.19	\$0.89
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6168								
18	Qtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.33	\$116.44	\$0.00	\$19.67	\$19.87	\$0.00	\$38.83	\$7.44	\$8.19	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
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	\$29.32	\$11.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.65	\$128.03	\$0.00	\$19.89	\$20.28	\$0.00	\$55.93	\$7.44	\$8.19	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.66									