Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr I	ID: 00493292A  Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: http://discore	N/A 34.9%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.4016	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.77	3.0%	Ortrly Mcaid		พองเตลเต CiMi; Wght Options:		1.6974 1.7298	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. а	ь	c	đ	е	f	g	g	h	i
CASE	E MIX BASED RATE CALCULATIONS		:							:		
1 Co	st Center Peer Groups	(see Policy Manual)	:	1	1	2	1	1	. 1	:		•
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	:		
0-	er Group Standards & Efficiency Measure Limits			:	MI 000 31203	All Ded Sizes	All Deu Sizes	All Bed Sizes	: HII DOG SIZOS	E		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Ba	se Period Per Diem Allowed Amounts				:	1				:		
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,531,009.00	\$4,993,930	\$0	\$1,050,501	\$664,422	\$555,658	\$1,756,281	\$117,033	\$393,184	: - Si
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$4,688)	1
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	, ,		\$1,013,284	\$674,161		\$1,550,927		\$388,496	\$14,07
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950				40,	4507,002	:	, 0,000	\$300,430	Ψ17,07
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days		!		: :				24,825		:
9 i N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26,81	(with L&H)	\$33,75	\$4.71	\$8.45	\$0.3
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.4016			,	·	:	1	45.10	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$76.55		:						
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4,71	\$8.45	\$0.3
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51	\$0.3
Qu	arterly Per Diem Rate Prior to Add-ons					:			***		(FRV)	
15 G	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$178.64	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7298						1		
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	!	\$146.43						1		
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.42	\$146.43	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.3
Qu	arterly Per Diem Add-on Amounts		:							:		
20 E	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	
21 B	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$3.66	\$3.66		:		:		1		
	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.39	\$4,39								! !
1	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i I
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$8.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$265.57	\$154.48	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.71	\$15.51	\$0.31
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.35						<u> </u>	·		J

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvár II	D: 00040818A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score uality Incentive:	N/A 49.4% 4.01	18.37% 5.5% 3.0%	Ortrly Mcaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.4319 1.6197 1.6509	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	f	g	9	h	1
CASE	MIX BASED RATE CALCULATIONS					: :			:			
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2		1	1			
	Type of Facility within Peer Group	(See Folicy Manual)		. All Facilities	All Facilities	Free Standing	1 All Facilities	All Facilities	: 1 : All Facilities	1		
: 1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes		1		
Pee	er Group Standards & Efficiency Measure Limits	-				i :			:			
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	:		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
Bas	se Period Per Diem Allowed Amounts							!				
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572.00	\$5,648,350	\$0	\$886,922	\$693,869	\$711.087	\$2,309,540	\$0	\$465,804	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$248,833)		\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)	30	\$11,350	
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0		\$698.540		\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days = 51,585	FY12 Audited C/R Days	51,611		•	***************************************	4000,010	<b>47 1 1,000</b>	1		\$477,104	\$13,003
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days				1		:	!	48,690		
9 N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.80	\$107.56	\$0.00	\$16,71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4319		1 1 1	*			1	43,20	Ψ0.20
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$75.12						1		İ
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26
13 Pc	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	4 3	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92	\$0.26
0	arterly Per Diem Rate Prior to Add-ons					1					(FRV)	70.20
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.23	\$13.14	£0.00	F2 07	64.64		40.00			
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.28	\$84,65	\$0.00 \$0.00	\$3.07 \$19.78	\$4.24 \$27.33	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$173.20	1.6509	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
18	Ortrly Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$139.75		:			Į			
19 Q	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$228.38	\$139.75	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	#A AC
			4225,00	<b>\$100.10</b>	<b>40.00</b>	¥13.16	Ψ21,00	\$0.00	φ24,34	\$0.00	\$10.92	\$0.26
	arterly Per Diem Add-on Amounts											
	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
	IMS Add-on Per Diem = 5.5% (to Routino Srvs)	Ln 19 Col b x CPS Add-on	\$7.69	\$7.69				! 		: !		
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1		i	\$17.10	i :		
<del></del>	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.20	\$11.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	โภ 19 + Ln 24	\$257.58	\$151.63	\$0.00	\$20.00	\$27.33	\$0.00	\$41.44	\$0.00	\$16.92	\$0.26
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.36						·			

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	-	Facility Specific	State- wide
Prvdr I	ID: 00140005A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance; tirly BIMS score wality Incentive;	N/A 46.7% 4.26	18.37% 5.5% 3.0%	Qrtrly Mcaid		i Overali CMI Medicaid CMI Wght Options		1.3781 1.6037 1.6329	1.3617 1.4961 1.5223
Line ;	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	С	đ	е	f	9	9	h	i
CASE	E MIX BASED RATE CALCULATIONS							1				
1 Co	ost Center Peer Groups	(see Policy Manual)	•	1		2	1					
1 1	Type of Facility within Peer Group	(see Folicy Manuar)		All Facilities	. All Facilities		1 All Facilities	. 1 : All Facilities	: 1 - All Facilities	1		
	Bed Size Rango within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	: 1		
Pe	er Group Standards & Efficiency Measure Limits			ı				1				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	ı	50.0%	.		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
. 4 ; E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Ba	se Period Per Diem Allowed Amounts		*									
5 A	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897.00	\$5,035,907	\$0	\$990.199	\$597,278	\$675.204	\$1,741,911	\$0	\$325,398	. \$0
. 1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319.525)	(\$199,152)	\$0	*	\$12,487	(\$3,293)		1	(\$15,506)	. ა. : \$13,591
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0		\$609,765		\$1,616,906	\$0	\$309,892	\$13,591
8	Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833			,	4220,700	401 (101)	ψ1,010,000	<b>4</b> 0	4505,032	\$10,051
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL Ins Rpt Days						1		47,335		,
, 9   N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	1	\$6.48	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	1.3781		1 1				45.00	ψ0.40	
11 +	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$73.38		:		:	į			
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9	•	\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	\$0.00	\$6.48	\$0.28
13 : P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 : E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150,68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83	\$0.28
On	arterly Per Diem Rate Prior to Add-ons					1		:		1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allyme %	\$24.54	\$13,14	\$0.00	\$3.38	64.04	£0.00	60.70			
e e	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$84.65	\$0.00	\$21.79	\$4.24 \$27.33	\$0.00 \$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	9175.22	1.6329	30.00	921.79	\$21.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.22		1			,			
19 i C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228,79	\$138.22	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
				• • • • • • • • • • • • • • • • • • • •			Ψ27.00	40.00	Ψ24.54	40.00	\$10.03	Φ0.20
	rarterly Per Diem Add-on Amounts	6 - 5 F M B										
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  3IMS Add-on Per Diem = 5.5% (to Routine Srys)	(see Policy Manual) En 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1 !	\$0.00	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$7.60	\$7.60		:			:			
	Nursing Home Provider Fee	(Fixed Amount)	\$4.15	\$4.15					·	:		i
	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$17.10		fo 22		***		\$17.10	i	_	:
<del> </del>			\$28.85	\$11.75	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.64	\$149.97	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$0.00	\$16.83	\$0.28
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$180.41					***************************************				·

Provider: Abercorn Rehabilitation Center Prydr ID: 00083025A		Add-on Dafa and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: trly BIMS score uality Incentive:	N/A 30.2% 3.14	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.5995 1.4846 1.5100	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	e	f	. 9	g	h	i
CASE MIX BASED RATE CALCULATIONS		1			:		:	:			
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1		i		
Type of Facility within Peer Group	(300 ) biley (Harical)		. All Facilities	All Facilities		All Facilities	. All Facilities	All Facilities	1		
Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits	•				1 1			1	1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts		:	•					1			
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788.00	\$2,904,219	- \$0	\$532,761	\$179,542	\$210.526	\$1,410,205	\$101.378	6457447	***
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$396,995)	(\$13,441)	50		\$4.040	\$5,215			\$157,147	\$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	. \$0		\$183,582	1	\$1,014,452		(\$63,055)	\$66,591
8 Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32.214	\$2,030,170	. 40	3332,103	\$103,302	\$310,751	\$1,014,432	\$101,378	\$94,092	\$66,591
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								20 105		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161,60	\$89.74	\$0.00	\$16.52	\$15.50	: (with L&H)	\$31.49	30,185 \$3,36	\$2.92	
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.5995	50.00	#10.JZ	\$15.50	(was con)	φ31.49	\$3,36	\$2.92	\$2.07
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Djem	Ln 9 / Ln 10		\$56.11				:	1			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31,49	\$3.36	\$2.92	\$2.07
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	•	\$71.51	\$0.00		\$23.09	:	\$20.56	\$0.00	52.92 N/A	\$2.07
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00		\$15.50		\$20.56	\$3.36	9.70	\$2.07
		• • • • • • • • • • • • • • • • • • • •		******	7.0.02	<b>4.0.00</b>		920.00	45.56	9.70 (FRV)	\$2.01
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%					1 1		:			0,	
	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00		\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
,	Ln 14 + Ln 15	\$143.79	\$66.42	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
, , , , , , , , , , , , , , , , , , , ,	per Current Qtr End		<u>1.5100</u>		:			1		:	
18 Critry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	En 16 x Ln 17 RS = Ln 18, AllOlhr = En 16	*****	\$100.29		1			l .		:	
13 - Quarterly Medicald CWA Allowed Fel Dielli	RS - LH TO, AllOthr = EH TO	\$177.66	\$100.29	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
Quarterly Per Diem Add-on Amounts					: 1						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51						:	<b>40.55</b>	
22 Nurse Staff Hrs / Quality Add-on Per Diem 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01		1					:	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$17,10	( ·		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$201.44	\$106.34	\$0.00	\$19.77	\$18.76	\$0.00	\$41.44	\$3.36	\$9.70	\$2.07
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138,26		***************************************							
	, (cit 20 - Cit 20) 0.10	\$156.26									

Pr	ovider: Advanced Health and Rehab of Twiggs County dr ID: 003185378A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurse		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 33.0% 3.54	Add-on Percent 18,37% 2,5% 3.0%		Quarter caid CMI w RUI	iod Overall CMI; y Medicaid CMI; 3 Wght Options;	***************************************	Facility Specific Use Stwd 1.5886 1.6197	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		***************************************	а	b	С	d	e	f	9		h	i
	E MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$142.60 \$23.31 \$167.97	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.6197 \$130.24	1 All Facilities All Bed Sizes 90.0% 100,0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 54,437 26,482 \$ 2.06	\$15.71 \$15.71 \$15.71 (FRV Rale)	\$0.00 \$0.00 \$0.00
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$217.80 \$3.26 \$3.91 \$17.10 \$24.26	\$130.24 \$3.26 \$3.91		\$20.70	\$25.97		\$23.12 17.10	\$2.06	\$15.71	\$0,00
	Quarterly Case Mix Based Per Diem Rate  Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%	\$168.72 (	\$242.06	\$137.40		\$20,70	\$25.97		\$40.22	\$2.06	\$15.71	\$0.00
L	reaverbed upid Let piew Kate (Let niew Kate - Lodt Leg) X 12%	\$100.72	I	L	L	L		<u> </u>	L	L		i

	ovider: Altamaha Healthcare Ctr.		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		triv BIMS score	20.4%	18.37%			l Overall CMI: Medicaid CMI:		1.4937 1.5330	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.75	3.0%	Ortrly Meald	CMI w RUG V			1.5595	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·		8	b	С	d	е	f	g	9	h	i
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											!
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	: 1				
1	Type of Facility within Peer Group	(oos t ans) manasy		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			
!	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bod Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits		:					1		1 .		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: .		
4 .	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		!
. :	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153.00	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	; SK
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023			-		1				
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days		· i						20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937						1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$39.76						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13	1	\$20.33	\$0.63	\$7.50	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons									!	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.81	\$7.30	\$0.00	\$2.18	\$2.60	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.05	\$47.06	\$0.00		\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.5595			2.5.70	45.00		<b>4</b> 0.00	Ψ	, Ψ1,21
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	โภ 16 x Ln 17	:	\$73.39		•						:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$137.38	\$73.39	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
. :	Quarterly Per Diem Add-on Amounts		:									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,17		<b>#</b> C 00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73	<b>40.00</b>	. 10,22	QU.41		<b>Φ</b> 0.17		\$0.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.20	\$2,20								•
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	42.20				] :	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.36	\$3.46	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$158.74	\$7G.85	\$0.00	\$14.25	\$17.14	\$0.00	\$41.33	\$0.63	\$7.34	\$1.20
200	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.23			·		1				*

Case May Per   Dem Albert   September	Provider: Amara Healthcare & Rehab.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pace	Prvdr ID: 00140049A				N/A	18.37%						
Description												
Description	MDS & Nuise His Data per Quaner Ending:	U3/31/20 Nurse Hour	rs per on-site baylo	uanty incentive:	4.00	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.6331	1.5223
Color   Control   Contro	Line Description		Totals			Dietary		Operatns	and		and	
Total Number   Part   Course   Part   Course   Part   Pa	[		а	b	C	d	e	f	. g	. g	h	i
Poet Group Standards & Efficiency Measure Limits   See Policy Manual   See Policy Ma	CASE MIX BASED RATE CALCULATIONS					:			-			
Type of Facility mininf Pace Group   Bod Size Repair Will Preact Group   Rep State	1 Cost Center Peer Groups	(see Policy Manual)		. 1	. 1	. 2	1	. 1	. 1			
Peer Group Standard: & Efficiency Measure Limits   100 pt   100	Type of Facility within Peer Group	·		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	: :		!
2   Peer Group Standards: Parenanile   (see Pelloy Menual)   (see Pelloy Menual)   (see Pelloy Manual)   (se	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	}		
Performance	Peer Group Standards & Efficiency Measure Limits				!	1						
Base Period For Diem Allowed Amounts   See Bird Special Street Combined   See Bird Special Street Special Street Combined   See Bird Special Street S	2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5 A Filed Cost Center Costs (Reuline & Special Serves Combined) 5 A Filed FVIZ CR -FV 2018 G-PL Rept 5 (852,046) 5 Audit Adjustments and Realisocations to Cost Center Costs 6 Audit Adjustments 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 8 Filed Days = 37.101 FVIZ Audited CIR Days 9 Net Per Diems prior to Case Mix Adjustm to Routine Serves 9 Net Per Diems prior to Case Mix Adjustm to Routine Serves 9 Lo 71.108 Read Filed Days = 3.0507 FVI Audited CIR Days 11.1710 FVI Audited CIR Days 9 Net Per Diems prior to Case Mix Adjustm to Routine Serves 10 Base Perior Carelly Case Mix Adjust (NA) Net Per Diem 10 Base Perior Carelly Case Mix Adjust (NA) Net Per Diem 11.1710 FVI Audited CIR Days 12 Net Per Diems Start Case Mix Adjust (NA) Net Per Diem 13 Sease Perior Case Mix Adjust (NA) Net Per Diem 14 Sease Perior Case Mix Adjust (NA) Net Per Diem 15 Growth Allowance Percentage = 16.37% Lesser of Ln 14 Cnull Allowance Mix Adjust (Na) Net Per Diem (Absorbed Real Diem Allowance Mix Adjusted Allowed Per Diem 16 Coff Mix Allowander Per Diem (Real Core And Allowander Real Diem Allowance Add-on) Lesser of Ln 12 or Ln 13 FVI Audited Cir Case Mix Adjusted Allowed Per Diem 16 Growth Allowance Percentage = 16.37% Lin 14 Cnull Allowance Percentage = 16.37% Custrerly Per Diem Rate Prior to Add-ons Lesser of Ln 12 or Ln 13 FVI Audited Cir Case Mix Adjusted Realised Realised Realised to Per Diem Add-ons Lin 14 Cnull Allowance Percentage = 16.37% Lin 14 Cnull	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
6 Audit Adjustments and Reallocations to Cost Center Costs	Base Period Per Diem Allowed Amounts							!				
FY12 Audited CIR S4,785,008 \$2,203,010 \$0 \$446,961 \$206,987 \$320,272 \$332,371 \$111,711 \$549,022 \$15,00 \$15,00 \$101 Nursing Facility Days GL-PL Ins. Rpt Days = 35,667 FY18 GL-PL	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	- As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054.00	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
FVI2 Audited CIR   S4,785,008   S2,203,010   S0 S445,961   S206,987   S320,272   S320,271   S111,711   S649,622   S15,008	6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)	:	(\$6,933)	\$15,074
Total Nursing Facility Days	7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272				\$15,074
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8 Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101		l	1		•				
Net Per Diems prior to Case Mix Adjatmt to Routine Srocs	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days			 :					35,067		
10 Base Period Facility Case Mix Adjist (CMA) Net Per Diem 15 (For 4 qts of FY12 Ln 9/Ln 10 S50.62 S0.00 S12.02 S14.21 S25.13 S3.19 S14.81 S0.00 S12.02 S14.21 S25.13 S25.13 S25.13 S25.10 S0.00 S12.02 S14.21 S25.13	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12,02	\$14.21	(with L&H)	\$25.13		\$14.81	\$0.41
11 Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem	10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730	t .						<b>4</b> 1 <b>3</b> 1	
12   Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$50.62   \$0.00   \$12.02   \$14.21   \$25.13   \$3.19   \$14.81   \$0.01   \$15.00   \$18.41   \$23.09   \$20.56   \$0.00   \$20.50   \$20.56   \$0.00   \$20.00   \$20.00   \$20.56   \$0.00   \$20.0		Ln 9 / Ln 10		\$50.62		1		1	r .			
13   Per Diem Standards (Alter Statewide CMA for Routine Sirves)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$14.21   \$20.56   \$3.19   \$10.66   \$0.00   \$0.00   \$0.00   \$1	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9			\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$11.67 \$50.62 \$0.00 \$12.02 \$14.21 \$20.56 \$3.19 \$10.66 \$0.00 \$0.00 \$0.00 \$12.00 \$1		per Peer Group Limits			1							. 40.41
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allware   Str.90		Lesser of Ln 12 or Ln 13	\$111.67						4			\$0.41
Courterly Per Diem Rate Prior to Add-ons    Courterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allware %   \$17.90   \$9.30   \$0.00   \$2.21   \$2.61   \$0.00   \$3.78   N/A			********				411121		1	40.10		. 40.41
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$129.57 \$59.92 \$0.00 \$14.23 \$16.82 \$0.00 \$24.34 \$3.19 \$10.66 \$0.00 \$10.66 \$1									'	-		i
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$97.86 \$  18 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$97.86 \$  Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$97.86 \$  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$97.86 \$  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Rate Ln 16 x Ln 17 \$97.86 \$  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Rate Ln 16 x Ln 17 \$  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$  S97.86 \$  S97.80 \$  S97.81			•	•					\$3.78	N/A	N/A	N/A
18			\$129.57		\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19 <sup>1</sup>	\$10.66	\$0.41
19 Quarterly Medicaid CMA Allowed Per Diem		•			İ	:		:				
Quarterly Per Diem Add-on Amounts   Sefficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)   (see Policy Manual)   S1.16   S0.53   S0.00   S0.22   S0.41   S0.00   S0.00   S0.00   S0.00   S0.00   S0.00	, , , , , , , , , , , , , , , , , , , ,			\$97.86				i		1		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19   Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$167.51	\$97.86	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Quarterly Per Diem Add-on Amounts			-								
21 BIMS Add-on Per Diem = 1.0% (to Routine Sivs) Lin 19 Col bix CPS Add-on Staff Add-on Staff Add-on Staff Add-on Per Diem = 1.0% (to Routine Sivs) Lin 19 Col bix Staff Add-on Staff Add-on Staff Add-on Staff Add-on Staff Add-on Per Diem Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sivs) Lin 19 Col bix Staff Add-on Staff Add-on Staff Add-on Staff Add-on Staff Add-on Staff Add-on Per Diem Provider Fee Staff Hrs / Quality Add-on Per Diem : \$17.10 Staff Add-on Staff Add-on Per Diem Provider Fee Staff Hrs / Quality Add-on Per Diem : \$17.10 Staff Add-on Staff Add-on Per Diem Add-on Amounts Staff Add-on Staff Add-on Staff Add-on Staff Add-on Per Diem Add-on Amounts Staff Add-on Staff Add-on Staff Add-on Per Diem Add-on Amounts Staff Add-on Amounts Staff Add-on Per Diem Add-on Amounts Staff Add-on Amounts Staf		(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	۱
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sirves)		Ln 19 Col b x CPS Add-on	\$0.98				-2				73.00	•
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		Ln 19 Col b x Stfng Add-on				1						
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$22.18     \$4.45     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$189.69     \$102.31     \$0.00     \$14.45     \$17.23     \$0.00     \$41.44     \$3.19     \$10.66     \$0.00		· · · · · · · · · · · · · · · · · · ·	=	:	1				\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$189.69 \$102.31 \$0.00 \$14.45 \$17.23 \$0.00 \$41.44 \$3.19 \$10.66 \$0.00		Sum of Lns 20 thru 23		\$4.45	\$0.00	\$0.22	\$0.41	\$0,00		: \$0.00 :	\$0 nn	\$0.00
26 Quarterly Per Diem Rate for Red Hold and Leave Days (In 25 - In 23) 10.75 \$129.44	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		·	-			· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>		\$0.41
	26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.44	i				<u> </u>		·		

1	ovider: Anderson Mill Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
PI	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 26.4%	18.37% 1.0%			f Overall CMI: Medicaid CMI:		1.4753 1.6339	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.58	2.0%	Ortrly Moaid	CMI w RUG \			1.6636	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	ь	C	d	е	f	g	9	ħ	i
C	ASE MIX BASED RATE CALCULATIONS					:				i		
. 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	1	1		
' '	Type of Facility within Peer Group	(see Folicy Matical)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
:	Bed Size Range wilhin Peer Group		i	All Bed Sizes		All Bed Sizes	All Bad Sizes		All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits					1		i				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
1	Base Period Per Diem Allowed Amounts					:						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,774,776.96	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411.887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	SO	50	\$0	\$0	(\$338,220)		(\$56,913)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185		\$1,404,285	')	\$1,189,470	\$56,913
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357								**********	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-Pt Ins Rpt Days						İ	:	44,121		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1,13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4753</u>		•				. !		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52,86		:				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9	:	\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons		:	i		:					(FRV)	
15	Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$18.77	\$9.71	\$0.00	\$2.45	\$2.83	\$0.00	\$3,78	N/A	N/A	NICA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.57	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	: N/A : \$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	ψ140.20	1.6636	Ψ0.00	910.15	\$10.23	\$0.00	\$24,34	\$9.54	\$6.00	. \$1,13
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$104.09		1			:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.78	\$104.09	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
:					•••••		<b>\$15.25</b>		42.7.07	\$5.54	\$0.50	: \$1.15
- 20	Quarterly Per Diem Add-on Amounts	Const Della (Maria)										
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04				İ				
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.08	\$2.08						1		
24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thrs 23	\$17.10	Ø9.00	£0.00		me ++		\$17.10			
			\$21.38	\$3,65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.16	\$107.74	\$0.00	\$16.01	\$18.64	\$0.00	\$41.44	\$9.34	\$8.86	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.55									

Pr	ovider: Ansley Park Health & Rehab Center rdr ID: 003136416A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurs		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 15.2% 4.06	Add-on Percent 18.37% 0.0% 3.0%		Quarter	(CMI) Data iod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.2416 1.2627	State- wide 1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ļl		***************************************	а	b	C	d	е	f	g		h h	i
GA	EMIX 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: Percentile Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qrlly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$172.42 \$23.31 \$198.75 \$219.87 \$0.00 \$3.05 \$17.10	\$12.48 \$80.41 <u>1.2627</u> \$101.53 \$101.53 \$0.00 \$3.05	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12 \$23.12		\$39.71 \$39.71 \$39.71 (FRV Rate) \$39.71	\$5.82 \$5.82 \$5.82 \$5.82
	Total Quarterly Per Diem Add-On Amounts		\$20.15			800.70	405.03	ļ				
	Quarterly Case Mix Based Per Diem Rate  Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.19	\$240.02	\$104.58		\$20.70	\$25.97	ļ	\$40.22	\$3.02	\$39.71	\$5.82
	Learn Dea ( ) or o ( o ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	<b>\$101.13</b>		<u> </u>	<u> </u>	J	<u> </u>	L	<u> </u>			

Provi		<b>8/14/2020</b> 03/31/20 Nurse Ho		with Allowance: trly BIMS score	Facility Score N/A 16.7% 2.35	Add-on <u>Percent</u> 18.37% 0.0% 2.0%	*****		d Overall CMI: Medicaid CMI;		Facility <u>Specific</u> 1.0796 1.0816 1.0954	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Caïculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. a	b	С	d	е	f	g	g	h	<u> </u>
CA	SE MIX BASED RATE CALCULATIONS								:			:
1 0	Cost Center Peer Groups Typo of Facility 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			
3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts								:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383.00	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	; so
6 .	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305			:				:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days				: :				36,711		
9 :	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.0796</u>		1				: '		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$80.03					!			
12 ;	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = En 9		\$80.03	\$0.00	\$26,11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	:
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71,51	\$0.00	\$26.11	\$23.09	: :	\$20.30	\$5.94	28.86 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %			60.00		***					į
16	CMA Allowed Per Dierri (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$25.91 \$201.72	\$13.14	\$0.00	\$4.80	\$4.24	\$0.00	\$3.73	N/A	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$201.72	\$84.65	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	1.0954 \$92.73		: 1			1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.80	\$92.73	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
: ; ·	Quarterly Per Diem Add-on Amounts							!	1		433.00	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		đo no	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0,00	\$0.22	<b>20.00</b>	\$0.00	, av.19	:	\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.85	\$1.85		: 1			:	1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ1.03		: 1			\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.36	\$1.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
·	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.16	\$94.58	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	<u> </u>	\$28.86	<del>!</del>
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.05			- 1		1	i		+==1.00	: +5.00

Line Description  Sources / Calculations  Totals  Routine Services Services Services Services Dietary Houskpng Houskpng Houskpng Houskpng Admin and General Akg- GL-PL Insurance	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS     1   1   2   1   1   1   1   1   1	i i
Cost Center Peer Groups per Selected Options         1         1         2         1         1         1         1	
Type of Facility within Peer Group  All Facilities Bed Size Range within Peer Group  All Facilities All Facilities All Facilities All Facilities All Bed Sizes	
Peer Group Standards: Percentile         90.0%         90.0%         85.0%         50.0%           Peer Group Standards: Multiplier         100.0%         100.0%         100.0%         100.0%	
Efficiency Measures (Maximums)	'
Per Diem Costs and Add-ons	'
GL-PL Insurance Costs FY2018 GL-PL Ins. Rpt \$ 95,619 Total Nursing Facility Days GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt 19,779	
Standard Per Diem (After CMA for Routine Srvcs)     FY 2012 Peer Group Limit     \$71.51     \$18.41     \$23.09     \$20.56     \$24       Allowed @ 95% of Std     \$156.95     \$67.93     \$17.49     \$21.94     \$19.53     \$24	
Growth Allowance 18.4% \$21.34 \$12.48 \$3.21 \$4.03 \$3.59	φ5.66
CMA Allowed Per Diem (After Growth Alowance) \$185.09 \$80.41 \$20.70 \$25.97 \$23.12 \$4.83 \$24.  Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$101.37	\$5.86
Quarterly Medicaid CMA Allowed Per Diem         \$206.05         \$101.37         \$20.70         \$25.97         \$23.12         \$4.83         \$24.           Quarterly Per Diem Add-On Amounts         \$20.70         \$25.97         \$25.97         \$23.12         \$4.83         \$24.	\$5.86
BIMS Add-on Per Diem = 5.5% to Routine Srvs)   \$5.58   \$5.58     Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%   \$2.03   \$2.03     Nursing Home Provider Fee   \$17.10     Total Quarterly Per Diem Add-On Amounts   \$24.70	
Total Quarterly Per Diem Add-On Amounts   \$24.70	\$5.86
Quarterry Case Mix Based   Per Dieffi hate   \$250.76   \$100.97   \$20.70   \$23.97   \$40.22   \$4.03   \$24.	φ3.00

	rovider: Arrowhead Healthcare rvdr ID: 00143162A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance:	Facility Score N/A 66.0% 2.36	Add-on <u>Percent</u> 18.37% 5.5% 3.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4860 1.9364 1.9745	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
'		(See 1 only Manual)		ψ0.00	φο.σσ	ψ0.ZZ	<b>40.77</b>		φυ.στ			
_	Base Period Per Diem Allowed Amounts	A - Elle I EVAO OID EV 0040 OI DI D.	45 470 400 00	** ***	••	0510.711	*****	****	****	***	****	•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$5,472,469.09	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323 (\$68,358)	\$34,098	\$644,037	\$0 \$64,818
6	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$420,703) \$5,051,766	(\$321,340) \$2,508,637	\$0 \$0	(\$9,170) \$509,544	(\$1,236) \$364,193	\$20,697 \$328,588	\$703,965	\$34,098	(\$106,114) \$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615	Ψ2,000,007	ΨΟ	ψοσο,σττ	ф004,100	ψ020,000	ψ100,000	ψ04,000	ψου, 520	ψ04,010
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days	0.,0.0							38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4860								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	_	Ln 14 x Grwth Allwnc %	\$17.55	\$8.24	\$0.00	\$2.49	\$3.38	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.08	\$53.12	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9745								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.85	\$104.89	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.77	\$5.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$27.55	\$9.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.40	\$114.34	\$0.00	\$16.26	\$22.21	\$0.00	\$39.63	\$0.89	\$9.35	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.48									

Line   Description   Carl Carladare Current Ending   OS/31/20   Nurse Recurs per On-Site Day/Quality Incention   3.2   3.05   Carly Massed Culk wild Weyler Options   Carl Carladare   Property		ovider: Autumn Breeze Health Care Ctr odr ID: 00140159A  Case Mix Per Diem Rate Effective Date:	8/14/2020		Percentages with Allowance: Iny BIMS score	Facility Score N/A 25.0%	Add-on Percent 18.37% 1.0%	Cas		Overall CMI:		Facility Specific 1.2569	State- wide 1.3617
Description   Sources / Cardinalinos   Percent   Problem   Percent   Perce	}							Ortrly Moaid					1.4961 1.5223
CASE MIX BASED RATE CALCULATIONS   1 Cost Center Peer Groups   1		Description		Totals			Dietary		Operatos	and	1	and	Taxes and Insurance
Cost Center Part Drozzia   (New Policy Manual)   A Facilities Part Science   A Facil				а	Ъ	С	d	e	f	g g	g	h	i
Pyee of Facility within Preef Group   All Ecologies   All Ec	<u>C</u>	ASE MIX BASED RATE CALCULATIONS							İ				i
Bed Star Range with Peer Group   Peer Group Standard's A Efficiency Measure Limits   See Peer Group Standard's Peer Certific   Geo-Peloy Manual)   90.0%   9	1	•	(see Policy Manual)			•	1	•					
See Forcing Standards: Procentile   (see Folicy Manual)   (see F									1				
See Period Part Diam Allowed Amounts   100.07%   100.0	:	Peer Group Standards & Efficiency Measure Limits								:	:		
Base Period Facility Days GLPL Ins. Rpt   Base Period Facility Days GLPL Rpt   S0.37	2	·		:									
Base Period Per Diem Allowed Amounts  As Filed FY12 CR - FY2018 GL-PL Rs	3										1		
5 A Filed Cost Center Costs (Reuline & Special Seves Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 12 CR Audit Adjustments 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 35,508 FY12 Audited CIR Sp., 57,7114  8 Total Nursing Facility Days As Filed Days = 35,508 FY12 Audited CIR Days 9 Sp., 57,7112  8 Total Nursing Facility Days As Filed Days = 33,023 FY13 GL-PL Ins. Rpt Days 9 Net Per Diems prior to Case Mix Adjustments 10 Base Period Facility Capas 11 Routine Srocs Case Mix Adjust (CIMA) Net Per Diem 12 Net Per Diems after Case Mix Adjusted CIM Net Per Diem 13 Per Diem Standards (After Statewards CIMA for S	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
6 Audil Adjustments and Reallocations to Cost Center Costs		Base Period Per Diem Allowed Amounts									1		! 
FY12 Audited CR \$5,071,012 \$2,599,988 \$0 \$523,737 \$248,575 \$261,813 \$777,586 \$61,996 \$552,772 \$7013 Nursing Facility Days GL-PL Ins. Rpt	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915.00	\$2,871,125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
8 Total Nursing Facility Days As Filed Days = 35.506 FY12 Audited CIR Days   35.532   33.023	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)	i :	(\$53,097)	\$35,555
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
9 Net Per Diems prior to Case Mix Adjistmt to Routine Sivos  Ln 7 / Ln 8 Col a S142.84 S73.14 S0.00 S14,74 S14.36 (with Lety) S21.88 S15.84 S15.84 S15.84 S15.84 S15.84 S15.84 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S15.84 S15.85 S1	8	* ', '		35,532		:	:		:		:		
10 Base Period Facility Case Mix Index for All Residents		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days			:					33,023		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
12 Net Per Diems after Case Mix Adjishmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$ \$58,19 \$ \$0.00 \$ \$14,74 \$ \$14.36 \$ \$21.88 \$ \$1.88 \$ \$15.84 \$ \$13.99 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$0.00 \$ \$14.74 \$ \$14.36 \$ \$20.55 \$ \$1.88 \$ \$1.88 \$ \$15.84 \$ \$1.88 \$ \$15.84 \$ \$1.88 \$ \$1.88 \$ \$15.84 \$ \$1.88 \$ \$1.	10	Base Period Facility Case Mix Index for All Residents	· · · · · · · · · · · · · · · · · · ·		1.2569		1				1 .		
13 Per Diem Standards (After Statewide CMA for Routine Srves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,19	:	1				1		
14 Base Period Case Mix Adjusted Allowed Per Diem Leaser of Ln 12 or Ln 13 \$119.57 \$58.19 \$0.00 \$14.74 \$14.36 \$20.56 \$1.88 8.84 Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allwne % \$19.82 \$10.69 \$0.00 \$2.71 \$2.64 \$0.00 \$3.78 N/A N/A 16 CMA Allowed Per Diem (Alter Growth Allowance Add-on) Ln 14 + Ln 15 \$139.39 \$58.88 \$0.00 \$17.45 \$17.00 \$0.00 \$24.34 \$1.88 \$8.84 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Oir End 1.5818 18 Orthy Rouline Srvcs Case Mix Adjust (CMA) Net Per Diem Rate Prior to Add-on Per Diem (Isind - Alwa) x .75, up to max, or 0) (see Policy Manual) \$1.16 \$179.46 \$108.95 \$0.00 \$17.45 \$17.00 \$0.00	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$14.74	\$14.36		\$21.88	\$1.88	\$15.84	\$1.00
Cuarterly Per Diem Rate Prior to Add-ons   CFRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15 Growth Allowance Percentage = 18.37%	14	•	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88		\$1.00
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S139.39 S88.88 S0.00 \$17,45 \$17.00 \$0.00 \$24.34 \$1.88 \$8.84  17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 S108.95  18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 RS = Ln 18, AllOthr = Ln 16 S179.46 S108.95 S0.00 \$17,45 \$17,00 \$0.00 \$24.34 \$1.88 \$8.84  Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) Efficiency Add-on Per Diem = 1,0% (to Routine Srvs) Ln 19 Col b x CPS Add-on S1.09 S1.09  21 Nurse Staff Hrs / Quality Add-on Per Diem: 3,0% (to Routine Srvs) Ln 19 Col b x Stifng Add-on S1.71.10 S17.10 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 S22.62 S4.89 S0.00 \$17,45 S17.00 S0.00 \$24.34 S1.88 S8.84  S0.00 \$17,45 S17.00 S0.00 S0.00 S24.34 S1.88 S8.84 S0.00 S17.45 S17.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S17.45 S17.10 S17.10 S17.10 S17.10 S0.00 S17.45 S1.88 S8.84		•								1	:		
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1.5818 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 19 Quarterly Medicaid CMA Allowed Per Diem Rate 10		- <u></u>		•				•		t in the second			N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$108.95   19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.46 \$108.95 \$0.00 \$17.45 \$17.00 \$0.00 \$24.34 \$1.88 \$8.84    Quarterly Per Diem Add-on Amounts   20 Efficiency Add-on Per Diem   ([Stnd - Alwd] x .75, up to max, or 0)   21 BIMS Add-on Per Diem   1.0% (lo Routine Srvs)   22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (lo Routine Srvs)   23 Nursing Home Provider Fee   24 Total Quarterly Per Diem Add-on Amounts   25 Quarterly Case Mix Based Per Diem Rate   26 Ln 19 + Ln 24 \$202.08 \$113.84 \$0.00 \$17.67 \$17.41 \$0.00 \$41.44 \$1.88 \$8.84    27 Staff Hrs / Quality Case Mix Based Per Diem Rate   28 Quarterly Case Mix Based Per Diem Rate   29 Quarterly Case Mix Based Per Diem Rate   20 Efficiency Add-on Amounts   21 Staff Hrs / Quality Add-on Per Diem   22 Staff Hrs / Quality Add-on Per Diem   23 Staff Hrs / Quality Add-on Per Diem   24 Total Quarterly Per Diem Add-on Amounts   25 Quarterly Case Mix Based Per Diem Rate   26 Quarterly Case Mix Based Per Diem Rate   27 Quarterly Case Mix Based Per Diem Rate   28 Quarterly Case Mix Based Per Diem Rate   29 Quarterly Case Mix Based Per Diem Rate   20 Staff Hrs / Quality Add-on Amounts   20 Staff Hrs / Quality Add-on Amounts   21 Quarterly Per Diem Add-on Amounts   22 Quarterly Case Mix Based Per Diem Rate   24 Quarterly Case Mix Based Per Diem Rate   25 Quarterly Case Mix Based Per Diem Rate   26 Quarterly Case Mix Based Per Diem Rate   27 Quarterly Case Mix Based Per Diem Rate   28 Quarterly Case Mix Based Per Diem Rate   29 Quarterly Per Diem Add-on Amounts   30 Quarterly Per Diem Add-on Amounts   31 Quarterly Per Diem Add-on Amounts   31 Quarterly Per Diem Add-on Amounts   31 Quarterly Per Diem Add-on Amounts   31 Quarterly Per Diem Add-on Amounts   32 Quarterly Per Diem Add-on Amounts   33 Quarterly Per Diem Add-on Amounts   34 Quarterly Per Diem Add-on Amounts   34 Quarterly Per Diem Add-on Amounts   35 Quarterly Per Diem Add-on Amounts   36 Quarterly Per Diem				\$139.39		\$0.00	\$17,45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.46 \$108.95 \$0.00 \$17.45 \$17.00 \$0.00 \$24.34 \$1.88 \$8.84    Quarterly Per Diem Add-on Amounts		•					. :			!	1		
20 Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$		. , , ,		\$179.46		\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
21 BIMS Add-on Per Diem =   1.0% (to Routine Srvs)   Ln 19 Col bx CPS Add-on   \$1.09   \$1.09   \$1.09   \$22   Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)   Ln 19 Col bx Sifing Add-on   \$3.27   \$3.2		Quarterly Per Diem Add-on Amounts								:			
Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)   Ln 19 Col b x Stifng Add-on   \$3.27   \$	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
23         Nursing Home Provider Fee         (Fixed Amount)         \$17.10 </td <td>21</td> <td>BIMS Add-on Per Diem = 1.0% (to Routine Srvs)</td> <td>Ln 19 Col b x CPS Add-on</td> <td>\$1.09</td> <td>\$1.09</td> <td>:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09	:							
24         Total Quarterly Per Diem Add-on Amounts         Sum of Lns 20 thru 23         \$22.62         \$4.89         \$0.00         \$0.22         \$0.41         \$0.00         \$17.10         \$0.00         \$0.00           25         Quarterly Case Mix Based Per Diem Rate         Ln 19 + Ln 24         \$202.08         \$113.84         \$0.00         \$17.67         \$17.41         \$0.00         \$41.44         \$1.88         \$8.84	1			\$3.27	\$3.27	:	1				;		i
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$202.08 \$113.84 \$0.00 \$17.67 \$17.41 \$0.00 \$41.44 \$1.88 \$8.84		•		\$17.10					:	\$17.10			1
51.00 51.00 51.00 51.00 51.00 51.00 51.00 50.00	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	โก 19 + Ln 24	\$202.08	\$113.84	\$0.00	\$17.67	\$17.41	\$0.00	\$41.44	\$1.88	\$8.84	\$1.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)* 0.75 \$138.74	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.74									

Pr	ovider: Autumn Lane vdr ID; 00082992A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 N		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:		Add-on Percent 18.37% 2.5% 3.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1,2897 1,3512 1,3726	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C ·	d	6	f	g	1	h	ī
CA	SE MIX BASED RATE CALCULATIONS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			THE PROPERTY OF THE PARTY OF TH				***************************************	· · · · · · · · · · · · · · · · · · ·	
	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			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		wickshirters of the
	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		watersteel was being
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. R FY2018 GL-PL Ins. R	1	30.00	\$0,00	\$0.22	90.41		30,37	\$ 55,587 20.097		To a serie de constituente de la
	Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 95% of Std  Growth Allowance 18.4%	FY 2012 Peer Group Li	Tit \$160.91 \$23.31	\$71,51 \$67,93 \$12,48	witerwood to the control of the cont	\$18.41 \$17.49 \$3.21	\$23.09 \$21.94 \$4.03		\$20.56 \$19.53 \$3.59	,	\$33.41 \$33.41	
	CMA Allowed Per Diern (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$186.99	\$80.41 <u>1.3726</u> \$110.37	nave domest constraints and the second secon	\$20.70	\$25.97		\$23.12		\$33.41 (FRV Rate)	\$0.61
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$216.95	\$110.37	rafestation and the same state of the same state	\$20.70	\$25.97		\$23.12	\$2.77	\$33.41	\$0.61
	BIMS Add-on Per Diem = 2.5% o Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee		\$2.76 \$3.31 \$17.10	\$2.76 \$3.31	- Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky Andrewsky				17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.17		***************************************				17.10			
	Quarterly Case Mix Based Per Diem Rate		\$240.12	\$116.44	·	\$20.70	\$25.97		\$40.22	\$2.77	\$33,41	\$0.61
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.27			<del></del>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			1-11	V	<del>                                     </del>

	rovider: Avalon HIth. & Rehab rvdr ID: 00142084A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score	Facility Score N/A 65.3% 3.40	Add-on <u>Percent</u> 18.37% 5.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1537 1.4532 1.4742	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
							•					
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,383,725.99	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,927)	(\$3,894)	\$0 \$0	\$410,092	\$301	\$317	(\$20,109)	\$00,332	(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	Total Nursing Facility Days As Filed Days = 28,784	FY12 Audited C/R Days	28,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1537								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87
13	· ·	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.53	\$12.75	\$0.00	\$2.62	\$3.55	\$0.00	\$3.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.05	\$82.18	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4742								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.02	\$121.15	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$6.66	\$6.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.92	\$10.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.94	\$131.97	\$0.00	\$17.09	\$23.29	\$0.00	\$40.74	\$2.99	\$9.99	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.38								<u> </u>	

	ovider: Azalea Health & Rehabilitation  vdr ID: 00141963A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 37.0% 3.17	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3435 1.4913 1.5189	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,162,616.72	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)	. ,	(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days								27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3435</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66 (FRV)	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$9.34	\$0.00	\$2.89	\$3.20	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.37	\$60.20	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5189</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	<b>#</b> 407.04	\$91.44	40.00	040.00	<b>#00.04</b>	#0.00	000.40	<b>#0.00</b>	<b>#0.00</b>	<b>#</b> 4.04
19	Quarterly Medicaid CMA Allowed Per Diem	NS = LIT TO, AHOURF = LIT TO	\$167.61	\$91.44	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74					4			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b>0</b> 5.50	40.00	00.00	<b>40.</b> **	00.00	\$17.10	00.00	40.00	#0.0°
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$5.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.27	\$97.00	\$0.00	\$18.85	\$21.05	\$0.00	\$39.87	\$3.80	\$9.66	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.63									

	Azalea Health & Rehab 10059441A		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C		-	Facility Specific	State- wide
Prvdr ID: 0	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score uality Incentive:	N/A 40.8% 3.48	18.37% 2.5% 2.0%	Qrtrly Mcaid		f Overall CMI Medicaid CMI Wght Options	!	1.5985 1.8783 1.9149	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	ď	е	f	9	. g :	h	i
CASE MIX	BASED RATE CALCULATIONS					: :				: :		
1 Cost Cent	ter Peer Groups	(see Policy Manual)	:	. 1	1	. 2	1	. 1	1	1		
Тур	oe of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed.	d Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Grou	up Standards & Efficiency Measure Limits									1 :		
2 Peer Gro	oup Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i .
	oup Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficienc	cy Measure Maximums (see line 20 for actual)	(see Policy Manual)	I	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Peri	iod Per Diem Allowed Amounts		-	:					;			i
5 As Filed	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686,07	\$2,425,377	\$0	\$456,736	\$176.843	\$251,995	\$873,694	\$2,876	\$303,165	) So
	fjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,474)		\$0	\$0	(\$1,511)	1 1	1		(\$41,835)	
	nter Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0		\$175,332	\$249,842		·· .	\$261,330	\$39,60
	Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31.831			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3110,002	. 42.10,072	, 40,0,0,0	42,010	Ψ201,000	\$00,000
! Total !	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		i .
9 Net Per I	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	. <b>\$26.39</b>		\$8.21	\$1.24
10 Base	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5985			7	:	-		Ψ0.2.1	
11 Routin	ne Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47,67				:		1		
12 Net Per I	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47,67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.2
13 Per Dien	n Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56		N/A	
14 Base Pe	eriod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109,24	\$47.67	\$0.00		\$13.36		\$20.56		11.96	\$1.2
	Des Diese Date de A.A.								1		(FRV)	
	Per Diem Rate Prior to Add-ons	Ln 14 x Grwih Allwnc %		:						1		
	Allowance Percentage = 18.37%	Ln 14 x Grwin Allwric %	\$17.63	\$8.76	\$0.00		\$2.45	\$0.00	\$3.78	1 .	N/A	N/A
	owed Per Diem (After Growth Allowance Add-on)	per Current Otr End	\$126.87	\$56.43	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.2
	erly Facility Case Mix Index for Medicaid Residents	La 16 x Ln 17	I	1.9149				:				1
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem y Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	£470.50	\$108.06	20.00		<b>-</b>			1		
to Cuartery	y Medicaid CMA Allowed Fel Dielli	RS = En 16, Augun = En 16	\$178.50	\$108.06	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
-	Per Diem Add-on Amounts					1		:		1		
	cy Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	dd-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70						1		
	taff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16						•		
. •	Home Provider Fee	(Fixed Amount)	\$17.10			: :			\$17.10	1		
24 Total Qu	uarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly	Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.62	\$113.45	\$0.00	\$17.21	\$16.22	\$0.00	\$41.44	\$0.10	\$11.96	\$1.24
26 Quarterly	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.39					·		-i		<u></u>

	rovider: <b>Azalealand Nursing Home</b> rvdr ID: <b>00141237A</b> H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nu		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 39.5% 3.21	Add-on Percent 18.37% 2.5% 4.0%		Quarterl caid CMI w RU0	iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.4999 1.5208 1.5508	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options  Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits			<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		l	
	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	\$ 43,732 24,700	\$17.05	\$1.48
	Allowed @ 95% of Std Growth Allowance 18.4%		\$145.42 \$23.31	\$67.93 \$12.48		\$17.49 \$3.21	\$21.94 \$4.03		\$19.53 \$3.59	\$ 1.77	\$17.05 \$17.05	
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$170.50	\$80.41 <u>1.5508</u> \$124.70		\$20.70	\$25.97		\$23.12	\$ 1.77	\$17.05 (FRV Rate)	\$1.48
	Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-On Amounts  PMA Add on Par Diem		\$214.79	\$124.70		\$20.70	\$25.97		\$23.12	\$1.77	\$17.05	\$1.48
	BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$3.12 \$4.99 \$17.10 \$25.21	\$3.12 \$4.99					17.10			
	Quarterly Case Mix Based Per Diem Rate		\$239.99	\$132.80		\$20.70	\$25.97		\$40.22	\$1.77	\$17.05	\$1.48
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.17										

	rovider: Bainbridge Health Care rvdr ID: 00258915A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance:	Facility Score N/A 44.4% 2.48	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			Overall CMI:		Facility <u>Specific</u> 1.2138 1.8354 1.8702	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143.46	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126	FY12 Audited C/R Days	32,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY 18 GL-PL Ins Rpt Days								24,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.60	\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	7.67 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(17(4)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.48	\$7.88	\$0.00	\$2.13	\$2.75	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.08	\$50.75	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8702								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.24	\$94.91	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.09	\$100.66	\$0.00	\$13.95	\$18.12	\$0.00	\$35.01	\$1.08	\$7.67	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.99			1				1	<u>ll</u>	

	Provider: Baptist Village, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Р	Prvdr ID: 00140203A	-1444		wth Allowance:	N/A	18.37%			d Overall CMI:		1.1403	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	24.4% 4.34	1.0% 2.0%	Orthy Mesid		Medicaid CMI: Wght Options:		1,3708 1.3948	1.4961 1.5223
	The state of the s				7.07	2.010	Courty Micolo	OWN WITHOUT	rrgiit Options.		1.0540	1.3223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
Ç	CASE MIX BASED RATE CALCULATIONS								:	:		
1	Cost Center Peer Groups	(see Policy Manual)		. 1		. 2	1	. 1		. !		
	Type of Facility within Peer Group	(coo / choy manda)		All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	: All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits							i				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts							!	:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033.00	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)	i	(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093						:	1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days		1		:			!	78,407		
9		Ln 7 / Ln 8 Col a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1.33	\$9.96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1403						1		
11		Ln 9 / Ln 10		\$75.86	l			:	1	1		
12		RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.91	\$71,51	\$0.00	\$18.41	\$23.09		\$20.00	\$1,33	19.15	\$0.42
	Quarterly Per Diem Rate Prior to Add-ons									1	(FRV)	<u> </u>
15	Growth Allowance Percentage # 18.37%	Ln 14 x Grwth Allwnc %	\$24.43	\$13,14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £ri 15	\$178.34	\$84.65	\$0.00	\$21,79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.15	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.3948						i :		!
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.07		:			;			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$211.76	\$118.07	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.15	\$0.42
	Quarterly Per Diem Add-on Amounts			:	:			į		1		
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		Ln 19 Col b x CPS Add-on	\$1.18	\$1.18				:	1	:	13.00	!
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36	:	1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00	: :		 
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.91	\$3.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Łn 24	\$215.67	\$121.61	\$0.00	\$21.79	\$27.33	\$0.00	\$24.04	\$1.33	\$19.15	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161,75	<del>!·</del>	·	···		!		·		<u> </u>
		(,	4,01.13									

Provider: Bayview Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvdr ID: 00624951A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score uality Incentive:	N/A 52.2% 3.98	18.37% 5.5% 3.0%	Qrtrly Meaid		i Overali CMI Medicaid CMI Wght Options	:	1.3673 1.5101 1.5388	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	C	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	:				:				:		
1 Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	1				
Typo of Facility within Peer Group Bed Size Range within Peer Group	(See Coloy Rendally)		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1	!	! !
Peer Group Standards & Efficiency Measure Limits	:	:			1				1		:
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		1	!
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	}	105.0%	1		1
Lindency weasure waxingins (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	1		'
Base Period Per Diem Allowed Amounts	1							1	:	i	i
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476.00	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648	)	(\$43,412)	\$44,833
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8 Total Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789			1						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days								21,900		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	. Ln 7 / Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3673					:			
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 9 / Ln 10		\$56.24					:			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12	İ	\$16.61	\$2.29	13.55 (FRV)	\$2,16
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.25			****	** ***					
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.25 \$148.49	\$10.33 \$66.57	\$0.00 \$0.00	1	\$3.70	\$0.00	\$3.05	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140.49	1.5388	\$0.00	\$20,44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.44		1		:	:	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.36	\$102.44	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16
Quarterly Per Diem Add-on Amounts	•				1		:				
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63		-	\$3.41	:		£	90.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	£л 19 Col b x Stfng Add-on	\$3.07	\$3.07				•			i	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27,33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dlem Rate	Ln 19+Ln 24	\$211.69	\$111.67	\$0.00	\$20.66	\$24.23	\$0.00	\$37.13	\$2.29	\$13.55	\$2.16
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.94			·		i	ł	· :	)	·

	rovider: Berrien Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
: P	rvdr ID: 00143382A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: trly BIMS score uality Incentive;	N/A 31.8% 3.45	18.37% 2.5% 3.0%	Ortrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3657 1.5249 1.5497	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
C	CASE MIX BASED RATE CALCULATIONS		:	i.		:			:	:		
	Cost Center Peer Groups		•									
: '	Type of Facility within Peer Group	(see Policy Manual)	:	All Facilities	1 1	2	1	1	1	:		
	Bod Size Range within Peer Group					Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	;		
	Peer Group Standards & Efficiency Measure Limits		:	. Fin bou bizes	, All Dog 51203	All Dec Sizes	All Dea 31263	All Dec 3/265	An Ded Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	: FO CR/			
3	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		50.0%	;		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
	Base Period Per Diem Allowed Amounts							1		; !		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$5,378,143.00	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	£107.000	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$76,686)	(\$6,925)			\$340,386 \$0	\$204,150			\$487,399	\$(
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	; \$0 : \$0	1	\$340.368	\$287,698	(\$73,309) \$744,408		(\$35,723)	
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37.394	\$2,032,131	50	\$004,000	\$340,366	\$207,090	\$744,408	\$154,198	\$451,676	\$35,723
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days	37,334			1 :		: !		35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$142.01	\$70.41	: : \$0.00	\$17.51	\$16.80	' (with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10		from 4 gtrs of FY12	\$142.01	1.3657	. 90.00	311.31	\$10.00	(with Edity	\$19.91	34.34	\$12.08	20.96
11	-	Ln 9 / Ln 10		\$51.56					:	1		
12		RS = Ln 11, AllQthr = Ln 9		\$51,56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	\$12.08	\$0.96
13	•	per Peer Group Limits	i	\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	\$12.08 N/A	\$0.90
14		Lesser of Ln 12 or Ln 13	\$124.41	\$51.56	\$0.00		\$16.80		\$19.91	\$4.34	13,33	\$0.96
;			*				0.0.00		. 415.51	¥4.54	(FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons									:	,,,,,	
15		Ln 14 x Grwth Allwnc %	\$19.44	\$9.47	\$0.00		\$3.09	\$0.00		N/A	N/A	N/A
16		£n 14 + Ln 15	\$143.85	\$61.03	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13,33	\$0.96
17		per Current Qtr End		1.5497				:		1		
18		Ln 16 x Ln 17		\$94.58						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.40	\$94.58	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
	Quarterly Per Diem Add-on Amounts								I			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36		1				!		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.84	\$2.84		1		:	1	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.23	\$100.31	\$0.00	\$20.95	\$20.30	\$0.00	\$41.04	\$4.34	\$13.33	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.10		t	i		·	<u> </u>	1	7	7
		(circo-circo) 0.50	\$130.10									

Provider: Blue Ridge Healthcare of Buchanan		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142722A	014 170000		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2328	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		u rs per On-Site Day/Q	trly BIMS score uality Incentive:	26.5% 2.12	1.0% 1.0%	Ortriv Moain		Medicaid CMI: Wght Options:		1.4021 1.4274	1.4961 1.5223
			·············								
Line Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:		a	b	С	d	e	f	g	. g	h	i
CASE MIX BASED RATE CALCULATIONS				·							
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	4	1	1			:
Type of Facility within Peer Group	(зее гонсу манцан)		All Facilities	•	Free Standing	า All Facilities	. All Facilities	: 1 All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes		All Bod Sizes	All Bed Sizes	All Bed Sizes		1		
Peer Group Standards & Efficiency Measure Limits					1				:		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts					1						
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012.00	\$1,403,168	: \$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	S0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0		\$146,620	\$160,837		\$75,853	\$108,752	\$17,597
8 Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686			i i		,	:		***	,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days						1		18,724		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2328		į į					•	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87		1			1	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62	:	\$20.56	\$4.05	10.26	\$0.89
Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	
15 Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$19.49	\$10.26	\$0.00	\$2.58	\$2.87	. \$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.81	\$66.13	\$0.00		\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	: N/A : \$0.89
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4770.01	1.4274	. 40.00		\$10.43	40.00	. 424,04	\$4.05	\$10.20	. 50.0:
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$94.39		1 :						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.07	\$94.39	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10,26	\$0.89
Quarterly Per Diem Add-on Amounts							İ	:	. :		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 1,0% (to Rouline Srvs)		\$0.94	\$0.94		. 40.22	φυ. <del>4</del> τ	. 40.00			20,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$0.94	\$0.94		1		:	:			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			. :			\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.14	\$2.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 : Quarterly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$189.21	\$96.80	\$0.00	-	\$18.90	\$0.00	\$41.44	\$4.05	\$10.26	\$0.89
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	8 o 25   Lo 22\ * 0.75	6400.00					1		1 7	V.V.20	40.02
A wasterly Fer Diem Kale for Dec Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.08									

	rovider: Bolingreen Health & Rehab  vdr ID: 00059485A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score	Facility Score N/A 27.5% 3.33	Add-on <u>Percent</u> 18.37% 1.0% 4.0%		Quarterly N	MI) Data  I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3111 1.4548 1.4790	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,001.82	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)	, ,,,,,	(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3111</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(1110)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.09	\$10.82	\$0.00	\$2.64	\$3.34	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$69.72	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4790</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.60	\$103.12	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.38	\$108.80	\$0.00	\$17.23	\$21.91	\$0.00	\$38.67	\$2.89	\$8.28	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.96									

Provider:	Bonterra Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	00140357A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.3678	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	26.3%	1.0%			Medicaid CMI:		1.3525	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.89	2.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.3746	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	ь	С	d	е	f	9	g	h	i
CASE N	MIX BASED RATE CALCULATIONS									1		
1 Cost (	Center Peer Groups	(see Policy Manual)		1	1	2	1	1				!
. ;	Type of Facility within Peer Group	(3001 Oncy (Walliam)		All Facilities	All Facilities		All Facilities	All Facilities	, All Facilities	1		1
	Bed Size Rango within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer	Group Standards & Efficiency Measure Limits								!			
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		1
	r Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effic	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts	:				1			i			
5 As F	Filed Cost Center Costs (Routine & Special Styce Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,520.67	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	SC
6 Audi	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$837,714)	(\$315,499)	\$0		(\$5,660)	k	1		(\$51,492)	
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	3 1	\$292,262	\$328,752	\$849,186	'i .	\$1,117,537	\$84,48
8 T	otal Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38.644				* <b>!</b>			7.5.15.0	<b>\$1,111,001</b>	
T	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days				1			!	38,641		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2,19
10 B	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3678		1						
11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39		÷ .			!	1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13,72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13 : Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26	\$2.19
: 0	erly Per Diem Rate Prior to Add-ons	-				:					(FRV)	
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.89	\$0.00	\$2.52	***					
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132,26	\$57.28	\$0.00		\$2.95	\$0.00	\$3.78		N/A	N/A
	tuarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$132,20	1.3746	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
	Indy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$78.74				1	į			
	rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.72	\$78.74	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
			• 100111			V10.2-7	Q10.02		Ψ24.04	\$0.50	\$5.20	92.13
	erly Per Diem Add-on Amounts	Coop Defeat Manage										
	iency Add-on Per Diem. ((Stnd - Alwd) x .75, up to max, or 0)  S Add-on Per Diem = 1.0% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	f .
	**************************************	Ln 19 Col b x Sting Add-on	\$0.79	\$0.79		1			1			1
	se Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	(Fixed Amount)	\$1.57	\$1.57		1				1		
	il Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		60.00				\$17.10			
		Ln 19 + En 24	\$20.62	\$2.89	\$0.00		\$0.41	\$0.00	\$17.10	+	\$0.00	\$0.00
ZO : WUBIT	erly Case Mix Based Per Diem Rate	LN 19 + CA Z4	\$174.34	\$81.63	\$0.00	\$16,46	\$19.43	\$0.00	\$41.44	\$3.93	\$9.26	\$2.19
26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.93									

Pr	ovider: Bostick Nursing Center vdr ID: 003192285A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 N		Data and Percentages Growth Allowance: BIMS: ite Day/Quality Incentive:	Facility Score N/A 15.0% 4.03	Add-on Percent 18.37% 0.0% 2.0%		Quarter	(CMI) Data iod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.2835 1.3061	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	SE MIX BASED RATE CALCULATIONS		a	<u> </u>	<u> </u>	d	<u>e</u>	f	9		<u>h</u>	i
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rç FY2018 GL-PL ins. Rç FY 2012 Peer Group Lir	ot	\$12.48	1 All Facilities All Bed Sizes 90.0% 100,0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$20.20 \$20.20 \$20.20 (FRV Rale)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$201.71 \$0.00 \$2.10 \$17.10	\$2.10	VIII VIII VIII VIII VIII VIII VIII VII	\$20,70	\$25.97		\$23.12 17.10	\$3,75	\$20.20	\$2.95
	Total Quarterly Per Diem Add-On Amounts		\$19.20			<u> </u>						
	Quarterly Case Mix Based Per Diem Rate	4450.00	\$220.91	\$107.12		\$20.70	\$25.97		\$40.22	\$3.75	\$20.20	\$2.95
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$152.86		<u> </u>	<u></u>	l			L			

Provider: Brentwood Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index ((	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00140071A  Case Mix Per Diem Rate Effective Date	214 4/2222		owth Allowance:	N/A	18.37%			d Overall CM		1.3764	1.3617
MDS & Nurse Hrs Data per Quarter Ending		O s per On-Site Day/Q!	trly BIMS score	33.8% 3.34	2.5% 3.0%	Ortrly Meaid	Quarterly I CMI w RUG!	Medicaid CMI		1.3875 1.4098	1.4961
					3.070	Qitily Meale	CIVII W NOG	wynt Options.		1.4098	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	Ь	c	d	е	f	. 9	; 9	h	i
CASE MIX BASED RATE CALCULATIONS	:										
1 Cost Center Peer Groups	(see Policy Manual)		1								
Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Escilition	2 Free Standing	1 All Facilities	1 All Facilities	All Facilities			
Bed Size Range within Poer Group	1		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits				•			!				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			(
Base Period Per Diem Allowed Amounts					:						
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980.42	\$2,498,293	\$0	\$463,280	\$217,890	: \$306,183	\$580,119	\$98,535	\$435,680	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26.342
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8 Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080			1		•		1	• ,	410,041
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days				:				33,533		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	tn 7 / En 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764		:						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 9/Ln 10		\$51.75		i			1			1
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14,94	i i	\$15.94	\$2.94	\$11,72	\$0.75
Per Diern Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	į	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94	i	\$15,94	\$2.94	9.56	\$0.75
Quarterly Per Diem Rate Prior to Add-ons	:				1					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2,42	\$2.74	\$0.00	\$2.93	N/A	N/A	LIFA
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.63	\$61.26	\$0.00	•	\$17.68	\$0.00	\$18.87	\$2.94	\$9,56	N/A \$0.75
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*	1.4098	40.00	0.0.0	311.00	. 40.00	910.07	32.94	99,50	\$0.75
18 : Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.36					í			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.73	\$86.36	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2,94	\$9.56	\$0.75
Quarterly Per Diem Add-on Amounts					. :				1 .	23.00	\$5.10
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	E0 44	60.00			<b>A.</b>	  -
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.16	\$2.16	<b>30.00</b>	Φ0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-an	\$2.59	\$2,10								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	,		1			: \$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	50.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.11	\$91.64	\$0.00	\$15.79	\$18.09	\$0.00	\$36.34	\$2.94	\$9.56	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(In 25, In 22) * 0.75		¥007		7.0.13	4 (0,03	30.00	330.34	⇒z.94	\$9.56	\$0.75
According to Dieni Mate for Ded Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.51									

Provider: Briar Prvdr ID: 00140	n Center of Canton 643A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		owth Allowance: ltrly BIMS score	Facility Score N/A 26.8% 3.46	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options	:	Facility <u>Specific</u> 1.3878 1.6132 1.6419	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а .	b	С	đ	е	f	g	g	h	i
CASE MIX BAS	ED RATE CALCULATIONS		:								i	·
	er Groups scility within Peer Group Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	. 1 All Facilities All Bed Sizes		!	
2 Peer Group St 3 Peer Group St	ndards & Efficiency Measure Limits landards: Percentile landards: Multiplier ısure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Pe	r Diem Allowed Amounts		:						:			
5 As Filed Cost	Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,097.73	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6 Audit Adjustme	ents and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)	) .	(\$45,153)	\$42,980
7 Cost Center C	osts After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8 Total Nursin	ng Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595			1 :		•				
Total Nursin	ig Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days	:					1		32,839		
9 Net Per Diems	prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24
10 Base Period	Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3878						1		
11 Routine Srv	rcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74		1 .			ı	1		
12 Net Per Diems	after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13 Per Diem Stan	ndards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	ase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32	:	\$20.56	\$0.25	12.39 (FRV)	\$1.24
	liem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %			22.22		***					
	Ince Percentage = 18.37%	Ln 14 + Ln 15	\$19.40 \$138.91	\$10.24 \$65.98	\$0.00		\$2.81	\$0.00			N/A	N/A
	Per Diem (After Growth Allowance Add-on) acility <u>Case Mix Index</u> for Medicaid Residents	per Current Qlr End	. \$136.91		\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
	ne Srvcs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6419 \$108.33				1				
	icaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.26	\$108.33	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
• `	liem Add-on Amounts	į							:	:		
	-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on		Ln 19 Col b x CPS Add-on	\$1.08				ψ <b>0.</b> 41	\$0.00	. 40,00	:	φ <b>υ.</b> υυ	
and the second s	s / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.25	\$3.25					:	1		
23 Nursing Home		(Fixed Amount)	\$17.10						\$17.10	:		
•	y Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00			\$0.00	\$0.00
	Mix Based Per Diem Rate	Ln 19 + Lπ 24	\$203.85	\$113.19	\$0.00	•	\$18.54	\$0.00		† · · · · · · · · · · · · · · · · · · ·	\$12.39	\$1.24
26 Quarterly Per D	Nem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.06			<u></u>		·		1		<del>!</del>

1	ovider: Briarwood Health & Rehab Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	MI) Data	•	Facility Specific 1.6087	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	40,3% 3.17	2.5% 2.0%	Ortrly Meaid		dedicaid CMI:		1.5721 1.6005	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	. Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	C	ď	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					:			i			
1	Cost Center Peer Groups	( D-6		;	1	2				1		
, '	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	. 1 All Facilities	!		
t	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		,			· ·
1	Peer Group Standards & Efficiency Measure Limits								l			
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	I	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	İ		
:	Base Period Per Diem Allowed Amounts		,			}		!		!		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,597,355.36	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	SO
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)	ı.	(\$88,674)	\$88,289
. 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	<b>\$0</b>	\$533,518	\$186,404		\$891,301	''	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672		i	:		:		İ		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days	3	:		i :				34,336		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25,71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34		1						
: 12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92	i i	\$25.71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons		•								(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.06	\$11.08	\$0.00	\$2.83	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.86	\$71,42	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.6005		1						
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.31					:			2
: 19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.75	\$114.31	\$0.00	\$18.22	\$15.29	\$0.00	\$24,34	\$0.13	\$10.91	\$2.55
	Quarterly Per Diem Add-on Amounts		-			1			i			; ;
20	Efficiency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
- 21	BIMS Add-on Per Diem = 2.5% (to Routino Srvs)	Ln 19 Col b x CPS Add-on	\$2.86		;	******	40.41	Ψ5.00	. 40,00	: i	\$0.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29		1				: !		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	;					\$17.10			1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + โก 24	\$209.16	\$119.99	\$0.00	\$18.44	\$15.70	\$0.00	\$41.44	\$0.13	\$10.91	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.05			<u></u>		<del></del>	d	i		I

Provider: Prvdr ID:	· <b>3</b> ,			owth Allowance: trly BIMS score	Facility Score N/A 23.7% 3.92	Add-on Percent 18.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	i	Facility <u>Specific</u> 1.2636 1.5652 1.5950	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	е	f	9	9	h	i
CASE	MIX BASED RATE CALCULATIONS		i I					:		1		
	Center Peer Groups Typo of Facility within Peer Group Bod Size Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Stending All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			\$ \$ :
Base	Period Per Diem Allowed Amounts	•				1			:	1		s
5 As I	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,813,583,00	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
- 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)		\$0		(\$24,441)	1		1	(\$160,912)	
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675			\$1,111,543	\$561,778	1 10		\$94,658	\$803,599	\$87,993
8 T	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752	i						1		
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days						1		46,147		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	. Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1,84
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636								
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 9/Ln 10		\$73.26						: !		
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	) 
1 1	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 (FRV)	\$1.84
	rterly Per Diem Rate Prior to Add-ons							ŧ		:	, .	i I
1 .	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.24	\$13.14	\$0.00		\$4.24		1		N/A	N/A
1 1	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.08	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
e e	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5950					!			İ
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$229.45	\$135.02 \$135.02	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
Ouar	rterly Per Diem Add-on Amounts								1			
	iciency Add-on Per Diem ((Sind - 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	1	\$0.00	
	VIS Add-on Per Diem = 1,0% (to Routi		\$1.35	\$1.35		00.00	\$0.00	30.00	QU.07	:	φ0.00	İ
1	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.05	\$4.05				:		:		
1 :	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	<u> </u>		
1 .	tal Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$22.87	\$5.40	\$0.00	\$0.00	\$0.00	\$0.00		1	\$0.00	\$0.00
<del>                                     </del>	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.32	\$140.42	\$0.00	· <del> </del>	\$27.33	\$0.00	-	-	\$19.00	\$1.84
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.42		i	·		- <del></del>	4	.1		·

1 2	ovider: Brown Health and Rehab vdr ID: 00059562A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020		wth Allowance: trly BIMS score	Facility Score N/A 33.8% 3.47	Add-on Percent 18.37% 2.5% 3.0%		Quarterly	(CMI) Data od Overall CMI: / Medicaid CMI: à Wght Options:		Facility <u>Specific</u> 1.3805 1.5172 1.5458	State- wide 1.4014 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е		g		h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$615,487)	\$0	\$0	\$0	\$0	\$0	(\$615,487)	30,400,000,040,000,000	(\$14,918)	\$14,918
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	\$11.59	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$30.41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17.59	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$21.49	\$11.07	\$0.00	\$3.07	\$3.51	\$0.00	\$3.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.08	\$71.32	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Appellion of the second of the	1.5458	P200A140000	A - 0 2 A - 0					**********	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.01	\$110.25	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.71	\$116.85	\$0.00	\$20.02	\$23.04	\$0.00	\$42.20	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.96									

Pri	ovider: Brown's Healthcare		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pr	vdr ID: 00140434A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.4535	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	15.2%	0.0%			Medicaid CMI:		1.5142	1.4961
	MDS & Nurse Hrs Data per Quarter Ending;	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.85	2.0%	Ortdy Moaid	CMI w RUG 1	Wght Options:		1.5418	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	. d	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	1		:		:				:		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	: 1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1 :		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1 :		
	Peer Group Standards & Efficiency Measure Limits								:			:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,690,414.00	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$63,322	\$0	\$0	\$0	\$0	\$0	\$29,434		\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287					i	:			:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-Pt Ins Rpt Days				: :			:	21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4535		1				:		
11	Routine Saves Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15		1				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$14.79		\$20.56	\$0,62	10.99	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.92	\$7.19	\$0.00	\$2,23	\$2.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.08	\$46,34	\$0.00	\$14.36	\$17.51	\$0.00		\$0.62	\$10.99	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.5418	40.00		4.7.0	, 40.00	. 424.04	. 40.02	Ψ10.55	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.45		: '		!		£ .		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.19	\$71.45	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
	Quarterly Per Diem Add-on Amounts									1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1			1	i :	53.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.43	\$1.43						1 :		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17.10	į - i		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.69	\$1,96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.88	\$73.41	\$9.00	\$14.58	\$17.92	\$0.00	\$41.44	\$0.62	\$10.99	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.09			1			.1	·		
		(2.125 2.125) 0.15	\$101.03									

Provider: Bryan County Health & Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: trly BIMS score	N/A 50.7%	18.37%			i Overall CMi:		1.3338	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	,	3.77	5.5% 2.0%	Qrtrly Mcaid	CMI w RUG I	Medicaid CM); Wght Options;		1.6968 1.7304	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	, f	a	q	h	i
CASE MIX BASED RATE CALCULATIONS							,	:	· · · · · · · · · · · · · · · · · · ·		<del>-</del>
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1		:		
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	. All Facilities	:		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	5										,
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	. :		
Base Period Per Diem Allowed Amounts							:				
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621.00	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	: : \$587.904	\$126,970	\$192,371	. \$C
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456		\$473,629	\$126,970	\$128,939	\$53,052
8 Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129				400.,.00	1		. 4.20,570	4120,303	. 455,652
Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13,48	\$3.76	\$3.67	\$1.51
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3338		1		: '		;		:
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$54.30					:			!
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3,67	\$1.51
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	4
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13.03	\$1.51
Quarterly Per Diem Rate Prior to Add-ons					: ;		:			(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.97	\$0.00		<b>60.40</b>			:		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$64.27	\$0.00	\$3.38 \$21.79	\$3.46	\$0.00	\$2.48	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$142,04	1.7304	30.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$111,21								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.58	\$111.21	\$0.00	\$21.79	\$22.32	\$0.00	\$15,96	\$3.76	\$13.03	\$1.51
Quarterly Per Diem Add-on Amounts	:	*				4	Ψ0.00	: 010.30	φ3,70	\$13.03	. JI.31
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max. or 0)	(see Policy Manual)										
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31 \$6.12	\$0.53 : \$6.12	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Rouline Srvs)	Ln 19 Col b x Sling Add-on	\$2.22	\$5.12								
23 Nursing Home Provider Fee	(Fixed Amount)	\$2.22 \$17.10	\$2.22		:				·		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$26.75	\$8.87	\$0.00	\$0.00	en 44		\$17.10		<b></b>	
25 Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$20.75	\$120.08	\$0.00	·	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	1		\$120.08	90.00	\$21.79	\$22.73	\$0.00	\$33.43	\$3.76	\$13.03	\$1,51
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.42									

Provid Prvdr			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	MI) Data I Overail CMI:		Facility Specific 1.1714	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020	Q	trly BIMS score	31.7%	2.5%		Quarterly N	/ledicaid CMI:		1.5385	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	irs per On-Site Day/Qi	uality Incentive:	2.68	3.0%	Ortrly Moaid	CMI w RUG V	Vght Options:		1,5671	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	f	9	9	h	i
CASI	E MIX BASED RATE CALCULATIONS					. :		(				
1 60	ost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Fecilities All Bed Sizes		1 All Facilities All Bed Sizes			
2 / 3 /	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	· · · · · · · · · · · · · · · · · · ·	50.0% 105.0% \$0.37			
	se Period Per Diem Allowed Amounts							; !				
1	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453.00	\$1,709,215	, \$0		\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,652)	(\$3,348)	1		(\$160)	(\$180)	(\$22,665)		(\$196,135)	\$17,992
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257					! 		1		
٠, ١,	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10 t	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10	:	1.1714	: !							
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	***		***				40.50	
	Per Diems Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$55.46 \$71.51	\$0.00 \$0.00		\$16.45		\$12.70		\$0.59	\$0.69
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$71.51 \$55.46	\$0.00		\$23.09 \$16.45		\$20.56 \$12,70		N/A	
	uarterly Per Diem Rate Prior to Add-ons	203001 01 EN 12 01 EN 13	\$100.13	. 300,40	. 50.00	\$14.04	\$10.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Aliwnc %	\$18,12	\$10.19	\$0.00	\$2.58	\$3.02	\$0.00	\$2,33	N/A	N/A	
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.25	\$65.65	; \$0.00 ; \$0.00		\$19.47	\$0.00	\$2.33 \$15.03		\$7.64	N/A \$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$120.25	1.5671	. \$0.00	\$10.02	\$13.47	. 50.00	. \$15.05	\$1.15	\$7.04	\$0.08
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	էր 16 x Ln 17		\$102.88						: :		
19 (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.48	\$102.88	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
Qı	parterly Per Diem Add-on Amounts							<b>,</b>	i i	1		
	Efficiency Add-on Per Diem ((Stnd - Alwd) x. 75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57				)	1		\$2.00	
22 1	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09		. ;		ı				
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.19	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	1 .	\$0.00	\$0.00
25 Qt	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.77	\$109.07	\$0.00	\$16.84	\$19.88	\$0.00	\$32.50	\$1.15	\$7.64	\$0.69
26 Qt	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.00		<del></del>				<del></del>	<del></del>		<b>L</b>
	·			: ,								

#### Quarterly Case Mix Per Diem Calculation

#### **FINAL**

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurse Ho		ata and Percentages Growth Allowance: BiMS: Day/Quality Incentive;	Facility Score N/A 28.9% 8.21	Add-on Percent 18,37% 1,0% 2.0%		Base Per Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.1926 1.2093	State- wide 1,3617 1,4961 1,5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	1	g		h	i
CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$158.96 \$22.08 \$161.23	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$11.82 \$76.18 1.2093 \$92.13	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$3.04 \$19.61	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$3.82 \$24.60	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$3.40 \$21.90	\$167,948.00 64,706 \$ 2.60	\$36.35 \$36.35 13.94 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$177.18 \$0.92 \$1.84 \$17.10 \$19.86	\$92.13 \$0.92 \$1.84		\$19.61	\$24.60		\$21.90 17.1	\$2.60	\$13.94	\$2.40
Quarterly Case Mix Based Per Diem Rate		\$197.04	\$94.89		\$19.61	\$24.60		\$39.00	\$2.60	\$13.94	\$2.40
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$134.96	7.01.07			\$13.01	\$24.00		455.00	\$2.60	\$13.34	\$2.40

Provide Prvdr	ID: 00140577A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI:		Facility Specific 1.3183	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Qi rs per On-Site Day/Qi	trly BIMS score uality Incentive:	40.9% 3.27	2.5% 2.0%	Qrtrly Mcaid		Medicaid CMI: Nght Options:		1.5828 1.6125	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		:	а	ь	c	ď	е	f	9	g	h	i
CAS	E MIX BASED RATE CALCULATIONS			:		:						!
1 C	ost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,448,586.00	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6 ,	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715							: 1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days		:		1				29,375		İ
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183		:			1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$48.37		1			1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15,76	\$3.73	7.44 (FRV)	\$0.57
- 1	tuarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	***	:		60.00	***	***				
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwing 76	\$17.76	\$8.89	\$0.00		\$3.29	\$0.00	\$2.90	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qfr End	\$126.17	\$57.26	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.6125						,		:
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.24	\$92.33 \$92.33	\$0.00	\$17.29	\$21,22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
-	tuarterly Per Diem Add-on Amounts	1					/	/	:		+,,,,	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31	\$0.00	90.22	φ <b>0.4</b> 1	90.00	\$0.37		φυ. <b>υ</b> υ	i
5	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-an	\$1.85	\$1.85		1		[				1
4	Nursing Home Provider Fee	(Fixed Amount)	\$17,10			: !		i	\$17.10			!
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$4,69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.03	\$97.02	\$0.00	······································	\$21.63	\$0.00		\$3.73	\$7.44	\$0.57
26 0	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.20	:	·	: :		:		1		1

	rovider: Calhoun Nursing Home rodr ID: 00140478A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 50.0% 4.34	Add-on <u>Percent</u> 18.37% 5.5% 4.0%	Case  Qrtrly Mcaid (	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2873 1.8600 1.8958	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908.00	\$992.232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)	ψ30,730	(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.31	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	14.14 (FRV)	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.22	\$9.26	\$0.00	\$4.08	\$4.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.53	\$59.69	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8958</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.00	\$113.16	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.22	\$6.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	- ـ ـ ـ ـ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.01	\$11.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.01	\$124.44	\$0.00	\$26.50	\$26.83	\$0.00	\$41.44	\$4.20	\$14.14	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.68									

93	ovider: Cambridge Post Acute Care Center vdr ID: 00494139A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 46.6% 3.08	Add-on <u>Percent</u> 18.37% 5.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4991 1.6540 1.6827	State- wide 1.3699 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8	Total Nursing Facility Days As Filed Days = 48,462	FY13 Audited C/R Days	48,462									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days								48,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4991								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44	\$1.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$18.30	\$8.43	\$0.00	\$2.80	\$2.76	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$54.34	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ,σσισσ	1.6827	40.00	4.0.01	<b>V</b>	0.00	ψ2/11/	ψ0.00	ψ12.11	ψ1.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.79	\$91.44	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$1.50
000	Quarterly Per Diem Add-on Amounts	(ann Policy Manual)	04.40	00.50	40.00	*******	***	00.00			00.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)	\$1.83 \$17.10	\$1.83					P47 40			
23	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.91	\$98.83	\$0.00	\$18.26	\$18.18	\$0.00	\$44.87	\$3.83	\$12.44	\$1.50

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.61

(Ln 25 - Ln 23) \* 0.75

Prvár ID;			***************************************	Percentages	Score	Percent	Case	e Mix Index (C			Specific	<u>wide</u>
		2444000		wth Allowance:	N/A	18.37%			d Overall CMI:		1,3243	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hours	ي s per On-Site Day/Qı	trly BIMS score	29.0% 3.58	1.0% 3.0%	Ortrly Meaid		Medicaid CMI: Waht Options:		1,1718 1,1857	1.4961 1.5223
	Nibo a raide (no bala per aparter Enting.	700000	- per on one object	beaty wiceliave.	3.00	3.070	Qittiy Micaid	CIVII W IXOO I	rrgiii Opiiolis.		1.1007	1,3223
1				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskprig	Operatos & Maint	and General	Insurance	and	and
"		Calculations	a	b	c	ď	6	& Maint	ļ	0	Related h	Insurance
CASE !	MIX BASED RATE CALCULATIONS			<u> </u>	U		<u> </u>		9	9 :	В	
-	Center Peer Groups				_				1	1	(	
Cost	Type of Facility within Peer Group	(see Policy Manual)		1 All Fecilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	: 1 All Facilities	1	,	
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes		ĺ	
Poor	Group Standards & Efficiency Measure Limits	i				:		:	1		Š	
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		į	
	r Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37		:	:
Base	Period Per Diem Allowed Amounts					1		i	:		:	
5 As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021.00	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6 Aud	if Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)	·	(\$19,001)	\$29,741
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	\$0		\$216,878	\$241,385		\$63,529	\$162,222	\$29.74
8 T	otal Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555				,		:		******	
Т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98				!	:			
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09	\$1.08
Quart	terly Per Diem Rate Prior to Add-ons					* *					(FRV)	
- :	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.04	\$10,10	\$0.00	\$3,11	\$3.05	\$0.00	\$3,78	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$65.08	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End	4170.00	1.1857	40,00	020.00	415.55		. 027,07	Ψ2.51	\$0,05	: \$1.00
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.17		1			1	1		
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.72	\$77.17	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
Quart	terly Per Diem Add-on Amounts	:				1			:		į	
	ciency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,77	\$0.77		77.22	23.11	55.00				
22 Nurs	se Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.32	\$2.32						:		
	sing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.07	\$80.79	\$0.00	\$20.27	\$20.09	\$0.00	·	\$2.31	\$8.09	\$1.08
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.73			1			1	<u>:</u>		

	rovider: Camellia HIth & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		-	Facility Specific	State- wide
Р	rvdr ID: 00140588A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: Itrly BIMS score Luality Incentive:	N/A 52.7% 3.20	18.37% 5.5% 3.0%	Only Meaid		d Overali CMI Medicaid CMI Wght Options		1.3516 1.5380 1.5656	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	а	ь	, C	d	е	f	g	9	h	i
c	ASE MIX BASED RATE CALCULATIONS			:	•							:
4					!	1 2 1	_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		. 1 : All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	i 1 All Facilities	1 All Facilities	1		
	Bed Size Range within Peer Group	: :		All Bed Sizes	!	All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
	Peer Group Standards & Efficiency Measure Limits					7117 0000 01200	70. 000 01203	Mil ata bizos	i An Dou Sizus			
2	Peer Group Standards: Percentile Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	l .	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					1			:			j Y
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3.026.940.46	\$1,592,432	. \$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	; : \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$107,209	\$220,380	(\$33,919			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1.592.432	\$0	\$343,191	\$167,289	\$228,586	1	· :	(\$16,377) \$140,519	\$18,194 \$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188	\$1,392,432	. 40	3343,191	\$107,209	. \$220,000	3402,373	\$100,435	\$140,519	\$18,194
Ū	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL Ins Rpt Days	22,100			1				23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.57	\$71,77	\$0.00	\$15.47	\$17.84	(with L&H)	; \$18,13		\$6.33	\$0.82
10		from 4 gtrs of FY12	\$104,01	1.3516	. 50.00	\$15.47	φ11,04	(WAII) EGITY	\$10.13	⊅4.∠1	\$0.33	. 20.04
11		Ln 9 / Ln 10		\$53.10	:					:		
12	,	RS = Ln 11. AllOthr = Ln 9		\$53.10	\$0,00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82
13		per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56		\$0.33 N/A	\$0.04
14		Lesser of Ln 12 or Ln 13	\$118.19	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13		8.62	\$0.8
			<b>\$.</b>		:		<b>\$17.04</b>	i		94,21	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons					1		:				
15		Ln 14 x Grwth Allwnc %	\$19.20	\$9.75	\$0.00	\$2.84	\$3.28	\$0.00	\$3.33	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$137.39	\$62.85	\$0.00	\$18.31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
17		per Current Qtr End		<u>1.5656</u>		1		1				
18		Ln 16 x Ln 17		\$98.40		: · · · · · · · · · · · · · · · · · · ·		}				:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.94	\$98,40	\$0.00	\$18.31	\$21,12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
	Quarterly Per Diem Add-on Amounts	:			:					1		:
20	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41	:		¥4.71	. 45.50		1	Ψ0.00	I
22	Nurse Staff Hrs / Quality Add-on Per Diern : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.95	\$2,95		1 1						
23	Nursing Horne Provider Fee	(Fixed Amount)	\$17.10			:		!	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.99	\$8.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.93	\$107.29	\$0.00	\$18.53	\$21.53	\$0.00	\$38.93	· · · · · · · · · · · · · · · · · · ·	\$8.62	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.12			<u> </u>						
- 20	Quarterly Fer Dielli Kale for Deu noid and Leave Days	(LH 20 + LH 20) 0.75	\$137.12	1								

Pro	vider: Candler Hospital Sub-Acute Unit		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prv	dr ID: 00870911A		Gro	wth Allowance:	N/A	18.37%		Base Perior	d Overall CMI:		2.3318	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020	Q	trly BIMS score	0.0%	0.0%		Quarterly l	Medicaid CMI:		1.7090	1.4961
	MDS & Nurse Hrs Data per Quarter Ending;	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	8.14	0.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.7430	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			а	ь	C	d	е	· f	. q	a	h	insulation
CA	SE MIX BASED RATE CALCULATIONS											
-	Cost Center Peer Groups	(see Policy Manual)		1	1	. 1	1	. 1	1			:
•	Type of Facility within Peer Group	(ace ) oney manual)		. All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
: 1.	Peer Group Standards & Efficiency Measure Limits	!		:		:						į.
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		. \$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: i		:
	Base Period Per Diem Allowed Amounts	;				1				:		•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$1,470,516.00	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6 -	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)	1	(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234			:				1		:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days			ı	:		:	1	2,890		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76.03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.3318						: 1		:
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85					:	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.85	\$8.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	1	\$20.56	\$0.00	N/A	<i>j</i>
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.24	\$71,51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons					1			İ		(FRV)	:
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.90	\$13,14	\$0.00	\$3.74	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.14	\$84.65	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7430		i .						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Lл 17		\$147.54				:		: 1		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.03	\$147.54	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
	Quarterly Per Diem Add-on Amounts				!			!				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	!
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1			:			1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00	[	1		:	}			•
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					}	\$17.10			i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.35	\$147.54	\$0.00	\$24.31	\$27.33	\$0.00	\$41.44	\$2.59	\$23.42	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.44					1	<u> </u>	i		<del></del>

Provide Prvdr II			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivalia	Case Mix Per Diem Rate Effective Date:	8/14/2020		win Allowance: Idv BIMS score	N/A 63.3%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		1.3680 1.2158	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		2.82	3.0%	Ortrly Moaid	CMI w RUG I			1.2313	1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ь	С	d	е	f	g	g	h	1
CASE	MIX BASED RATE CALCULATIONS							:	)	:		!
1 Cos	t Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1	:		:
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1 .		
	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		1
Pee	r Group Standards & Efficiency Measure Limits	:				: !				1		1
2 P	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			i
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		:
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Bas	e Period Per Diem Allowed Amounts	:								i i		:
5 A	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,071,885.93	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)	1	(\$36,799)	
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	
8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792						:	1		1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days						1	1	30,521		
9 N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680				1		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68		1		1				\$
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82	1	\$20.59	\$3.34	\$3.29	\$1.09
13 P	er Diem Standards (Afler Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56	\$1.09
Qua	arterly Per Diem Rate Prior to Add-ons								:		(FRV)	
. 15 G	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.28	\$10.04	\$0.00	\$3.22	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.11	\$64.72	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2313				1				:
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.69		1		1				
19 Q	uarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$167.08	\$79.69	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
Qua	arterly Per Diem Add-on Amounts	i						1	•			:
20 E	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
21 B	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.38	\$4.38				1	1			
22 N	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.39	\$2.39		1			:	}		
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10					1	\$17,10	1 :		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$7.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.70	\$86.99	\$0.00	\$20.95	\$27.33	\$0.00	\$41.44	\$3.34	\$10.56	\$1.09
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.95			<u> </u>		<del>.</del>	!	<u> </u>		

	Provider: Carroliton Manor, Inc. Provider: 00140852A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 36.4%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.3067 1.6539	1.3617 1.4961
:	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Ho	urs per On-Site Day/Q		3.10	2.0%	Ortrly Moaid	CMI w RUG			1.6832	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	b	С	d	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS		•	:		:			i	i j		
1 0	ost Center Peer Groups	(see Policy Manual)		1	1	. 2	1	1	. 4			
	Type of Facility within Peer Group	(see I birdy Maridary		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	1		
1	Bed Size Range within Peer Group		1			All Bed Sizes	All Bed Sizes		All Bed Sizes	1		:
Pe	er Group Standards & Efficiency Measure Limits		1	r .						1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Ва	se Period Per Diem Allowed Amounts		•			1				1		
5 /	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,595,654.00	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	: \$0
6 /	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,226)	(\$6,955)	50	\$0	\$949	\$620	(\$120,974)	1 1 1 1	(\$49,231)	: •-
:7 } (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,365
8 :	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484			: '					•	
. 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days						İ	:	34,047		i
9   1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6.50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3067</u>						: !		•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17					1			
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 [	Base Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	11.05	\$1.02
QL	earterly Per Diem Rate Prior to Add-ons					:		İ		1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.24	\$9.22	\$0.00	\$3.10	\$2.73	\$0.00	\$3,19	N/A	N/A	N/A
16 (	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.14	\$59.39	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6832	72.22		411.07			40.00	011.00	ψ1.02 ;
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.97		1		: !	:			
19 (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$173.72	\$99.97	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
	rarterly Per Diem Add-on Amounts			· ·								
	Efficiency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	50.44	60.00	60.07	1	40.00	:
	BIMS Add-on Per Diern = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50	30.00	\$0.22	\$0,41	\$0.00	\$0.37	!	\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00			1			1			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ£,00					\$17,10			
	Fotal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	rarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.85	\$105.00	\$0.00	·	\$17.98	\$0.00	\$38.03	\$3.60	\$0.00 \$11.05	\$1.02
				7.22.00	7-100	:	<b>400</b>	45.00		<b>\$3.00</b>	<b>411.03</b>	\$1.02
26 Qi	rarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$134.81	!								

Provider:	Carrollton Nursing and Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00059661A		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.3832	1.4014
	Case Mix Per Diem Rate Effective Date:	08/14/20	Qtrly BIMS score	29.0%	1.0%	Quarterly Medicaid CMI:	1.5772	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.11	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.6042	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
C	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	***********
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons							12			(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$22.84	\$12.85	\$0.00	\$2.91	\$2.67	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.29	\$82.81	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6042	5-10-10-10-10-10-10-10-10-10-10-10-10-10-	5.571-03-05/3	A PHORAGON 789 A 770	west 10000000	ene anne av (1886)	A Constant of State		985000738.F38
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.32	\$132.84	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.90	\$138.69	\$0.00	\$18.99	\$17.62	\$0.00	\$45.53	\$0.36	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.60		1				1			

	artersville Heights Care and Rehab 0143085A Case Mix Per Diem Rate Effective Date:	8/14/2020		Percentages with Allowance:	Facility Score N/A 29.1%	Add-on <u>Percent</u> 18.37% 1.0%	Cas		CMI) Data d Overail CMI: Medicaid CMI:		Facility Specific 1.5517 1.5091	State- wide 1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hot	urs per On-Site Day/Qu		3.00	2.0%	Ortrly Moaid		Wght Options:		1.5354	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	e	f	9	g	h	i
CASE MIX E	BASED RATE CALCULATIONS											
Туро	er Peer Groups of Facility wilhin Peer Group Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer Grou 3 Peer Grou	p Standards & Efficiency Measure Limits up Standards: Percentile up Standards: Mulliplier / Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		5	:
Base Perio	od Per Diem Allowed Amounts				i						9	:
5 As Filed C	Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,797,818.00	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6 Audit Adju	ustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)	1	(\$29,349)	
7 Cost Cent	ter Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8 Total N	Jursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662			1				1	(	
1 1	lursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days							ţ	41,774		
1	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	<u>1.5517</u>					:	i '		
	e Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	;	\$40.51		:			:			
	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	!	\$40.51	\$0.00		\$13.01	! !	\$23.22	\$2.13	\$16.12	\$0.73
	Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	;	\$71.51	\$0.00		\$23.09	, 1	\$20.56	\$0.00	N/A	
:	iod Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01	: !	\$20.56	\$2.13	12,25 (FRV)	\$0.73
	Per Diem Rate Prior to Add-ons Illowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$7.44	\$0.00	60.40	£0.00					
and the second s	wed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.77	\$7.44 \$47.95	\$0.00	\$2.48 \$15.97	\$2.39 \$15.40	\$0.00 \$0.00	\$3.78 \$24.34	N/A \$2.13	N/A	N/A
· ·	orly Facility Case Mix Index for Medicaid Residents	per Current Olr End	\$110.77	1.5354	. 20.00	\$15.81	\$ 15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	,	\$73.62	:			!	:	S		
	Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.44	\$73.62	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
Quarterly F	Per Diem Add-on Amounts		;									,
	Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0]	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	d-on Per Diem = 1.0% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.53	\$0.00	90.22	φ <b>0.4</b> 1	\$0.00	30.00		\$0.00	
	aff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.47	\$1.47		:		l	:			
· ·	Home Provider Fee	(Fixed Amount)	\$17.10	\$1.41		: :			\$17.10	!		
	erterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,47	\$2.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10		\$0.00	\$0,00
	Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.91	\$76.36	\$0.00	\$16.19	\$15.81	\$0.00	\$41.44	\$2.13	\$12.25	\$0.73
26 Quarterly F	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lπ 23) * 0.75	\$110.86				-		1		·	

	vider: Cedar Springs Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	•	Facility Specific	State- wide
Prv	dr ID: 00140544A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score uality Incentive:	N/A 22.2% 3.81	18.37% 1.0% 3.0%	Qrtrly Mcaid		d Overall CMI Medicaid CMI Wght Options		1.5659 1.7240 1.7572	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	The state of the s			b	С	, d	е	f	9	9	h	i
CA	ASE MIX BASED RATE CALCULATIONS	1							1	1		
1 :	Cost Center Peer Groups	(see Policy Manual)		1	1	. 2	1		. 1			:
. :	Type of Facility within Peer Group		1	All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		1
	Bed Size Range within Peer Group	•		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
:	Peer Group Standards & Efficiency Measure Limits	*				1			1	1 1		
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 ;	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		i
	Base Period Per Diem Allowed Amounts					Ī.,			!			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$4,111,747.00	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	
6 :	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$57,612)	(\$6,757)	\$0	so .	(\$1,390)	(\$7,287)			(\$15,507)	
7 '	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902			\$8,608	\$22.58
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rot Days				1				24,152		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0,27	\$0.7
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5659</u>		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$46.39		:				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i 	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17	\$0.7
	Quarterly Per Diem Rate Prior to Add-ons	1	<b>}</b>	!		1					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.43	\$8.52	\$0.00	\$2.61	\$3.45	\$0.00	\$2.85	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	€n 14 + Ln 15	\$126.84	\$54.91	\$0.00	4	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.7
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7,000	1.7572	40.00	010.02	VEE.ES	20.00	ψ10.30	35.05	<b>\$0.17</b>	\$ \$0.7
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168.42	\$96.49	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.7
:	Quarterly Per Diem Add-on Amounts	•				; ;			i			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.37	1	#A ^^	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96	ψυ.υυ	90,22	φ <b>υ.</b> 41	\$0.00	\$0.37	:	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.89	\$2.89		1 1			i i	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b>42.03</b>					\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.90	\$100.87	\$0.00	\$17.04	\$22.64	\$0.00	\$35.83	\$5.65	\$8.17	\$0.7
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$130.35		77.00		700107	45.00	405.03	\$5.05	40.11	JU.7

100	ovider: Cedar Valley Nursing and Rehab Center vdr ID: 00142557A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Score N/A 28.4% 3.07	Add-on Percent 18.37% 1.0% 3.0%			d Overall CMI Medicaid CMI	i	Facility <u>Specific</u> 1.4235 1.5187 1.5441	State- wide 1.4014 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477
8	Total Nursing Facility Days As Filed Days = 13,755	FY14 Audited C/R Days	13,755									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30.28	\$0.31	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.30	\$0.00	\$14.32	\$16.53		\$30.28	\$0.31	\$20.97	\$1.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.69	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.31	9.16 (FRV)	\$1.05
	Quarterly Per Diem Rate Prior to Add-ons										(1710)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$20.24	\$10.16	\$0.00	\$2.63	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$65.46	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5441								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.55	\$101.08	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.85	\$105.65	\$0.00	\$17.17	\$19.98	\$0.00	\$45.53	\$0.31	\$9.16	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.31		<u> </u>							

	rovider: Chaplinwood Health & Rehab rvdr ID: 00059694A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score	Facility Score N/A 30.9% 3.58	Add-on <u>Percent</u> 18.37% 2.5% 2.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3992 1.2934 1.3129	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Pear Croup Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,829.86	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(1714)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.59	\$10.65	\$0.00	\$2.58	\$3.74	\$0.00	\$3.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.81	\$68.62	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3129</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.28	\$90.09	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.96	\$94.67	\$0.00	\$16.86	\$24.52	\$0.00	\$40.79	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.40									

3	rovider: Chatsworth Health Care Center rvdr ID: 00209778A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score	Facility Score N/A 48.2% 3.62	Add-an <u>Percent</u> 18.37% 5.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2919 1.8342 1.8708	State <del>:</del> wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS			I					:			
1	Cost Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see lino 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			:
:	Base Period Per Diem Allowed Amounts	· ·		: :		1 :				1		:
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,842,312.00	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	SC
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,818)	(\$5,597)			\$0	50	(\$197,221)		(\$51,788)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302			\$168.421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749	:				!	i	1 1	* *	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days				1			:	39,941		;
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919		1		}		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16					:	:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1,49
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	-	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00	\$	\$18.19	\$3.28	8.66 (FRV)	\$1.49
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$19.71	\$10,13	\$0.00	00.75	***	;				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$19.71 \$140.45	\$65.29	\$0.00		\$3.49	\$0.00	\$3,34	1	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140,45	1.8708	. 50.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.14		1			:	1		i
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$197.30	\$122.14	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
	Quarterly Per Diem Add-on Amounts				}			1			43.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: '	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)		\$6.72	\$6,72			Ψ0.41	\$0.00	40.01		\$0.U¢	! :
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2,44	\$2.44		1		!	i	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: .			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.79	\$9.69	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$225.09	\$131.83	\$0.00		\$22.90	\$0.00	<u> </u>	<del>:</del>	\$8.66	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.99		·			:				
	· · · · · · · · · · · · · · · · · · ·		Ţ	,								

Provider: Chatuge Regional Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00143338A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.2895	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q rs per On-Site Day/Q	trly BIMS score	30.2%	2.5%	044.14.24		Medicaid CMI:		1.6710	1.4961
MDS & Nuise his bata per Quarter Ending.	03/31/20 Nuise Hou	is per On-Site Day/Q	uality incentive:	3.61	2.0%	Qiffiny Micaid	CMI W RUG	Wght Options:		1.7032	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	c	d	e	f	g	g	h	í
CASE MIX BASED RATE CALCULATIONS			: :		i i				: :		
1 Cost Center Peer Groups	(see Policy Manual)			1	1	4	: <b>1</b>	. 1	:		
Type of Facility within Peer Group	(see Folicy Mandar)	;	All Facilities	All Facilities	Hosp Based	All Facilities	! ! ! All Facilities	•	:		
Bed Size Range within Peer Group			All Bed Sizes	All Bad Sizes		All Bed Sizes		All Bed Sizes	i ·		:
Peer Group Standards & Efficiency Measure Limits								!	1		:
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	÷.	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: 4		1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	:							1			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,466,869,00	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82.094	\$213,429	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$103,659)	(\$32,041)	\$0	\$4,510	50	\$1,581	(\$77,709)		\$0	\$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	*-	\$1.092.518	\$466,107	\$463,834	1 1	\$82,094	\$213,429	\$0
8 Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40.036		•		* 100,121		. +555,555	402,001	OL 10,-125	40
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days	,			1			!	39,599		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23,23	(with L&H)	\$14.84	\$2.07	\$5,33	\$0.00
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	*	1.2895	******		******	. (			40.00	\$4.00
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/Ln 10		\$66.85						4		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13   Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	(
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13	\$0.00
Overstands David Data Data to Add and					1				1	(FRV)	}
Quarterly Per Diem Rate Prior to Add-ons 15   Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Ailwnc %	\$24.26	640.00	60.00	65.04	****	20.00				
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$24.26 \$168.53	\$12.28 \$79.13	\$0.00 \$0.00	1	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.53		\$0.00	\$32,30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
	Ln 16 x Ln 17		1.7032								•
18 : Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  19 : Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$224,17	\$134.77 \$134.77	\$0.00	\$32.30	607.00	£0.00	. 647.57	60.07	#40.40	:
	TO - EN TO, MINISTER - EN TO	\$224,17	\$134.77	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
Quarterly Per Diem Add-on Amounts								:	:		:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	: :	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37				:		, i		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.70	\$2.70		1				1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	ĺ		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.46	\$141.37	\$0.00	\$32.52	\$27.33	\$0.00	\$35.04	\$2.07	\$10.13	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.52	!·····································					<u></u>			<u> </u>

	ovider: <b>Chelsey Park H&amp;R</b> vdr ID: <b>003165720A</b> H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurs		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 15.6% 3.96	Add-on Percent 18.37% 0.0% 6.0%		Quarter caid CMI w RU	iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.4759 1.5010	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes  85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes  50.0% 105.0% \$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.47 \$23.31 \$194.76	\$71.51 \$67.93 \$12.48 \$80.41 <b>1.5010</b> \$120.69		\$18.41 \$17.49 \$3.21 \$20.70	\$23.09 \$21.94 \$4.03 \$25.97		\$20.56 \$19.53 \$3.59 \$23.12		\$37.58 \$37.58 \$37.58 (FRV Rate)	1
	Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 0.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$235.04 \$0.00 \$7.24 \$17.10 \$24.34	\$120.69 \$0.00 \$7.24		\$20.70	\$25.97		\$23.12 17.10	\$2.98	\$37.58	\$4.00
-	Quarterly Case Mix Based Per Diem Rate	0404 74	\$259.39	\$127.94		\$20.70	\$25.97		\$40.22	\$2.98	\$37.58	\$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$181.71										

Provide			Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2276	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	24.6%	1.0%			Medicaid CMI:		1.7021	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.77	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.7339	1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	В	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	4	. 1	1	į ·		
	Type of Facility within Peer Group	(3001 Oney manual)		All Facilities			All Facilities		All Facilities	1 :		
i	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits					į						
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Bas	se Period Per Diem Allowed Amounts	:							!			: !
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801.46	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)	)	(\$27,862)	\$29,681
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945					i				t ?
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2276		i						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$62.70		! !						
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1,19
: 13 ( P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	lase Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19
	arterly Per Diem Rate Prior to Add-ons							İ		1		
	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.49	\$11.52	\$0.00	\$2.61	\$2.89	\$0.00	\$3,47	N/A	N/A	N/A
- 1	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.46	\$74.22	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
17 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1.7339</u>						:		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.69								!
19 Q	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.93	\$128,69	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
Qua	arterly Per Diem Add-on Amounts					i		:	1	1		
20 E	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
21 B	IIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29		: :		1	1	1		!
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Łn 19 Col b x Stfng Add-on	\$3.86	\$3.86		:				1		I
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10			1		(	\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25   Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.71	\$134.37	\$0.00	\$17.05	\$19.02	\$0.00	\$39.82	\$3.07	\$10.19	\$1.19
26 Ous	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.71			·				<u>-i</u>	•	I

Cost Center Pear Groups   Cost Center Pear Groups   Cost Pear Groups	13.3	ovider: Chestnut Ridge Nursing & Rehabilitation Center vdr ID: 00228049A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20		th Allowance: ly BIMS score	Facility Score N/A 17.0% 2.54	Add-on Percent 18.37% 0.0% 2.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5075 1.5402 1.5663	State- wide 1.4014 1.4961 1.5223
Control Peter Concups   Free Free Free Free Free Free Free Fr		Description		Totals	Services	The second second			Operatns	and		and	
Cost Center Peer Groups	C	ASE MIX RASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Proport Fire Standards (Pre-Standards (Pre-Standards)   Pre-		50 NA 195 NO 195 NO 195											
Peer Grangs Standards: Ambiglier   George Peer Annual   George Peer An		Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
Procession   Standardic Mulpiller   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Per Diam Allowed Amounts   See Period Center Costs (Renders & Special Sives Combined)   AF   First GL-PL Rel   See Period Center Costs (Renders & Special Sives Combined)   AF   First GL-PL Rel   See Period Center Costs (Renders & Special Sives Combined)   See Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Renders Sives)   Period Center Costs Allowards (Re						12/2/2/20							
Society   Soci	3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs		Base Period Per Diem Allowed Amounts											
Cost Center Costs After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
Total Nursing Facility Days	6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
Total Nursing Facility Days GL-PL Ins. Rpt		Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
Base Period Facility Case Mix Adjast (CMA) Not Per Diem   Log / Ln 10   S59,91   S0,00   S13,70   S13,51   S26,53   S0,30   S18,60   S0,5   S26,53   S0,30   S18,60   S0,5   S26,53		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
Routine Srvcs Case Mix Adjistid (CMA) Net Per Diem	10000	(2) 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
12   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   per Peer Group Limits   \$73.31   \$0.00   \$13.70   \$13.51   \$26.53   \$0.30   \$18.60   \$0.55   \$0.00   \$13.70   \$13.51   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.53   \$26.55   \$26.53   \$26.55   \$26.		and the second s	70 - S 500 - CC										
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)	20076	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0											
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$119,36   \$59,91   \$0.00   \$13,70   \$13,51   \$24,02   \$0.30   7.38   \$0.55		the state where we see to be a second of the			189.77	1,453,500	250000000000000000000000000000000000000			966000000	100000000000000000000000000000000000000		\$0.54
Counterly Per Diem Rate Prior to Add-ons   CFRV	10.6%	34 - 300/00/2007 - 10/2009 - 10/2000 - 10/2009	•	100000000000000000000000000000000000000	to the second second		200040000000000000000000000000000000000	100000000000000000000000000000000000000		1.205533 3365			
Courterly Per Diem Rate Prior to Add-ons   Cuarterly Per Diem Rate Prior to Add-ons	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59.91	\$0.00	\$13.70	\$13.51		\$24.02	\$0.30		\$0.54
16 CMA Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 + Ln 15 \$139.78 \$70.92 \$0.00 \$16.22 \$15.99 \$0.00 \$28.43 \$0.30 \$7.38 \$0.5  17 Quarterly Facility Case Mix Index for Medicaid Residents Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18. AllOthr = Ln 16 \$179.94 \$111.08 \$0.00 \$16.22 \$15.99 \$0.00 \$28.43 \$0.30 \$7.38 \$0.5  Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts 19 BIMS Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.00  21 BIMS Add-on Per Diem = 0.0% (to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.48 \$2.75 \$0.00 \$0.02 \$0.00 \$16.44 \$16.40 \$0.00 \$45.53 \$0.30 \$7.38 \$0.55		Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
Ouarterly Facility <u>Case Mix Index for Medicaid Residents</u> Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  In 16x Ln 17  Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-on Amounts  Ouarterly Per Diem Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0)  BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)  Nursing Home Provider Fee  (Fixed Amount)  Sum of Lns 20 thru 23  Quarterly Per Diem Add-on Amounts  Ln 19 + Ln 24  S200.42  \$113.83  \$0.00  \$16.22  \$15.99  \$0.00  \$28.43  \$0.30  \$7.38  \$0.50  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$16.22  \$0.41  \$0.00  \$0.00  \$0.00  \$0.00  \$17.10  \$0.00  \$0.00  \$0.00  \$0.00  \$17.10  \$0.0	33500.00	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$20.42	\$11.01	\$0.00	\$2.52	\$2.48	\$0.00	\$4.41	N/A	N/A	N/A
18				\$139.78	100000000000000000000000000000000000000	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
19 Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee 1 (Fixed Amount) 2 Total Quarterly Per Diem Add-on Amounts 2 Sum of Lns 20 thru 23 2 Quarterly Case Mix Based Per Diem Rate  RS = Ln 18, AllOthr = Ln 16 \$179.94 \$111.08 \$0.00 \$10.00 \$111.08 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$177.10 \$0.00			a. • Resistance advisor a second subsequent										
Quarterly Per Diem Add-on Amounts         20       Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)       (see Policy Manual)       \$1.16       \$0.53       \$0.00       \$0.22       \$0.41       \$0.00       \$0.00       \$0.00         21       BIMS Add-on Per Diem =       0.0% (to Routine Srvs)       Ln 19 Col b x CPS Add-on       \$0.00		The Control of the Co			8,4000000000000000000000000000000000000								
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.94	\$111.08	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.0		Quarterly Per Diem Add-on Amounts											
22       Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)       Ln 19 Col b x Strlng Add-on \$2.22 \$2.22       \$2.22 \$2.22       \$17.10       \$17.10         23       Nursing Home Provider Fee (Fixed Amount)       \$17.10       \$17.10       \$17.10       \$17.10         24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23       \$20.48       \$2.75       \$0.00       \$0.22       \$0.41       \$0.00       \$17.10       \$0.00       \$0.00         25       Quarterly Case Mix Based Per Diem Rate       Ln 19 + Ln 24       \$200.42       \$113.83       \$0.00       \$16.44       \$16.40       \$0.00       \$45.53       \$0.30       \$7.38       \$0.50	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23       \$20.48       \$2.75       \$0.00       \$0.22       \$0.41       \$0.00       \$17.10       \$0.00       \$0.00       \$0.00         25       Quarterly Case Mix Based Per Diem Rate       Ln 19 + Ln 24       \$200.42       \$113.83       \$0.00       \$16.44       \$16.40       \$0.00       \$45.53       \$0.30       \$7.38       \$0.50	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$200.42 \$113.83 \$0.00 \$16.44 \$16.40 \$0.00 \$45.53 \$0.30 \$7.38 \$0.50	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
7 7 7 7 7 7 7 7 7	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.48	\$2.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26 Quarterly Day Diam Pate for Pad Hold and Leave Days	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.42	\$113.83	\$0.00	\$16.44	\$16.40	\$0.00	\$45.53	\$0.30	\$7.38	\$0.54
20 dualitity Fet Dietii nate for Bed notic and Leave Days (E125-E125) 0.75 \$137.49	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.49						1			

1 Cost Center Type Book Peer Ground Peer G	Description  BASED RATE CALCULATIONS  ter Peer Groups  e of Facility within Peer Group  I Stze Range within Peer Group  up Standards & Efficiency Measure Limits  pup Standards: Percentile  pup Standards: Multiplier  y Measure Maximums (see line 20 for actual)  ood Per Diem Allowed Amounts	Sources / Calculations  (see Policy Manual)	Totals a	Routine Services b  1 All Facilities	Special Services C	Dietary	Eaundry & Houskpng e	Plant Operatns & Maint f	Wght Options:  Admin and General	A&G- GL-PL Insurance	1,5339  Property and Related h	1.5223  Taxes and Insurance
1 Cost Center Type Book Peer Ground Peer G	er Peer Groups e of Facility within Peer Group I Size Range within Peer Group ip Standards & Efficiency Measure Limits oup Standards: Percentile oup Standards: Multiplier y Measure Maximums (see line 20 for actual)	(see Policy Manual)	a	1 All Facilities	:	<b>d</b>	е	f	g	g	ħ	·i
1 Cost Center Type Book Peer Ground Peer G	er Peer Groups e of Facility within Peer Group I Size Range within Peer Group ip Standards & Efficiency Measure Limits oup Standards: Percentile oup Standards: Multiplier y Measure Maximums (see line 20 for actual)	(see Policy Manual)			: : :							<u> </u>
1 Cost Center Type Bed Peer Grou 2 Peer Gro 3 Peer Gro 4 Efficiency	er Peer Groups e of Facility within Peer Group I Size Range within Peer Group ip Standards & Efficiency Measure Limits oup Standards: Percentile oup Standards: Multiplier y Measure Maximums (see line 20 for actual)	(see Policy Manual)			: 1	the second second						
2 Peer Gro 3 Peer Gro 4 Efficiency	oup Standards: Percentile oup Standards: Multiplier y Measure Maximums (see line 20 for actual)			All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
1 :	od Bar Diam Allowed Amounts	(see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Peri	ou r er Dielli Alloweu Alliouni(5					:						
5 As Filed	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt :	\$12,651,901.00	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
	justments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)	i i	(\$43,344)	\$35,164
7 Cost Cer	nter Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	,	\$2,270,252		\$336,541	\$35,164
8 Total I	Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236			: :						
Total	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days			:					68,828		
9 Net Per I	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10 Base I	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4851		1						:
11 Routin	ne Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$65.32	:				ł	1		i
12 Net Per I	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13 Per Diem	n Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Pe	riod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77	1	\$20.56	\$6.99	12.63	\$0.50
Ouartarly	Per Diem Rate Prior to Add-ons								:		(FRV)	
	Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.17	\$12.00	\$0.00	\$2.94	\$3.45	\$0.00	\$3,78	N/A	N/A	. N/A
	owed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.93	\$77.32		\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
. !	erly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ102.50 i	1.5339	. 40.00	\$10.33	<b>422.22</b>	. 40.00	924,04	40.33	\$12.03	90,00
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.60	!							
	y Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.21	\$118.60		\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
: Constants	Day Diana Add on Amounta				i	:			:			
-	Per Diem Add-on Amounts y Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	: :	¢n no	1
	td-on Per Diem = 2.5% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2,97	*	30.22	φυ.41	30.00	. 30.00		\$0.00	
	taff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37		1				1		
	Home Provider Fee	(Fixed Amount)	\$0.00	, <b>42.0</b> 1	f 1				\$0.00			
	arterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.50	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
***************************************	Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.71	\$124,47	\$0.00	\$19,15	\$22.63	\$0.00	<del></del>	<del></del>	\$12.63	\$0.50
·	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.03	· +127171	45.50		722.73	, 40.00	1 46.7.34	90.55	\$12.00	30.30

Provider		8/14/2020 03/31/20 Nurse Ho		owth Allowance: tirly BIMS score	Facility Score N/A 32.4% 4.09	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.2223 1.9076 1.9440	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	e	f	. g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bed Size Range wiltin Peer Group	{see Policy Manual}		. 1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Mulliplier fficiency Measure Maximums (soe line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amounts		•						:	f .		
5 As	s Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,224,295.00	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6 AL	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0 ;	\$0	(\$1,365)	(\$45,271)	1	(\$18,485)	\$26,471
7 Cc	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149		\$109,714	\$8,436	\$26,471
and the second second	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110			:				1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days		:		: :				33,250		
	et Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3.30	\$0.25	\$0.78
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.2223						:		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48						1		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	9.96	\$0.78
Qua	arterly Per Diem Rate Prior to Add-ons					1					(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.38	\$10.56	\$0.00	\$2.47	\$3.37	\$0.00	\$2.98	N/A	N/A	N/A
16 CI	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88		\$0.00	\$15,90	\$21.72	1	\$19.18	\$3.30	\$9.96	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.9440						;	40.00	Q0.75
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.27						1		
19 Qı	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203,11	\$132.27	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
Qua	arterly Per Diem Add-on Amounts			1		1				1		
1	fficiency Add-on Per Diem. {[Stnd - Alwd] x .75, up to max, or 0]	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$3,31	\$3.31			55.41	. 40.00	: 50.07	. !	90.00	
22 Ni	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,97			: ;				1		
	ursing Home Provider Fee	(Fixed Amount)	\$17.10	. 4-101		; ;			\$17.10	!		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.02	\$140.08	\$0.00	\$16.12	\$22.13	\$0.00	·	\$3.30	\$9.96	\$0.78
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.94	<del> </del>		<u></u>			<u>.</u>	<u>:</u>		
	,	(cir 20 - cir 20) - 0.70	\$ 100.99	l								

	ovider: Church Home Rehab & Healthcare		Add-ол Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00140467A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score uality Incentive:	N/A 38.2% 4.16	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI; Medicaid CMI; Wght Options:		1.2835 1.3041 1.3288	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d ,	е	f	g	. 9	h	<u> </u>
C,	ASE MIX BASED RATE CALCULATIONS					1			1	1		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	4			1
	Type of Faciliy wilhin Peer Group Bed Size Range within Peer Group	(asc I say manday		All Facilities	All Facilities	:	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							l i		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3	Peer Group Standards; Multiplier  Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
7	Emclency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
1 1	Base Period Per Diem Allowed Amounts					1		:		1		: 
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690.00	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,507)	\$0	\$0	1 1	(\$217)	(\$370)	(\$7,920)	i i	(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days As Filed Days = 17,393	FY12 Audited C/R Days	17,393			1			ı	1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL ins Rpt Days								26,255		1
9	Net Per Diems prior to Case Mix Adjstrut to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2835</u>		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35	_	1 1				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00		\$17.33		\$24.70	1	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons					1					(17.7)	İ
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.05	\$11.27	\$0.00	\$2.82	\$3.18	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$163.80	\$72.62	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3288		1						, <b>-</b>
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.50	:	1		i	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.68	\$96.50	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
	Quarterly Per Diem Add-on Amounts			:		<u> </u>				i i		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1 1	\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.41	\$2.41				1	:	1		:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.90	\$2.90	!	1		1	:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					i i	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.25	\$102.34	\$0.00	\$18.38	\$20.92	\$0.00	\$41.44	\$0.35	\$27.02	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.61		<b></b>	·		****	*****	·		
	-		4									

Provi Prvdr		•		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivai	TID: 00142106A	Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: tirly BIMS score	N/A 31.5%	18.37% 2.5%			Overall CMI:		1.3288	1.3617
		MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.69	3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5442 1.5724	1.4961 1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	ħ	i
CAS	SE MIX BASED RATE CAL	CULATIONS	•							:			
	Cost Center Peer Groups	<del></del>	( Delieu Menuel)		· ·		1				'		
	Type of Facility within Peer Grou	20	(see Policy Manual)		. 1 All Facilities	. 1 All Capillian	2 Free Standing	1 All Facilities	1 All Facilities	1			:
	Bed Size Range within Peer Gro	•			All Bed Sizes		All Bed Sizes	All Pacilities All Bed Sizes		All Facilities All Bed Sizes			
P	eer Group Standards & Efficient	ev Measure I imite	!										
	Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		f
3	Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (s	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
В	Base Period Per Diem Allowed Ar	nounts			:		:		!				
5 !	As Filed Cost Center Costs (Rou	tine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880.00	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocation	ons to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,062)		\$0	*******	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7 '	Cost Center Costs After Audit Adj	ustments	FY12 Audited C/R	\$2,934,818		S0		\$183,612		\$454,407	\$19,237	\$258,505	\$23,081
8 :	Total Nursing Facility Days	As Filed Days = 29,010	FY12 Audited C/R Days	29.010	:	•	1	4.00,0.2	42.0,000	<b>\$</b> 404,407	\$10,207	Ψ2.00,000	\$25,001
i	Total Nursing Facility Days GL-	Pt. Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days	•			1		1	1	23,515		
9	Net Per Diems prior to Case Mix /	Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix I	ndex for All Residents	from 4 qtrs of FY12		1.3288		:	4.5.55			1	Ψ0.01	\$0.00
11	Routine Srvcs Case Mix Adjstd		Ln 9 / Ln 10		\$37.89		1		1	!	į		1
12:	Net Per Diems after Case Mix Adj	stmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$37.89	\$0.00	\$10.92	\$13.86	:	\$15.66	\$0.82	\$8.91	\$0.80
13	Per Diem Standards (After Statewid	le CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	40.00
14	Base Period Case Mix Adjusted A	llowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86	1	\$15.66	\$0.82	6.81	\$0.80
	Quarterly Per Diem Rate Prior to	Add one			:		1			1	i i	(FRV)	
	Growth Allowance Percentage =	18.37%	Ln 14 x Grwth Allwnc %	\$14.40	\$6.96			***					
	CMA Allowed Per Diem (After Grov	<del></del>	Ln 14 + Ln 15	\$14.40 \$101.16		\$0.00		\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
17	Quarterly Facility Case Mix Inde		per Current Otr End	\$101.10	\$44.85	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
18	Ortrly Routine Srvcs Case Mix		Ln 16 x Ln 17		1.5724 \$70.52				<i>i</i>				i
	Quarterly Medicaid CMA Allowed		RS = Ln 18, AllOthr = Ln 16	\$126.83	\$70.52	\$0.00	\$12.93	\$16.41	\$0.00	\$18,54	\$0.82	£5.04	
:				¥120,00	\$70.52	\$0.00	\$12.33	\$10,41	\$0.00	310,04	\$0.62	\$6.81	\$0.80
	Quarterly Per Diem Add-on Amou				:		1				i i		1
	Efficiency Add-on Per Diem ([Stre		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i i	\$0.00	
	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.76	\$1.76								
	-	Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.12	\$2,12						No.		:
	Nursing Home Provider Fee	Amazzata	(Fixed Amount)	\$17.10			1 22 1			\$17,10	: 1		
<del></del>	Total Quarterly Per Diem Add-on		Sum of Lns 20 thru 23	\$22.51	\$4.41	\$0.00		\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25   Q	luarterly Case Mix Based Per Die	em Kate	Ln 19 + Ln 24	\$149.34	\$74.93	\$0.00	\$13.15	\$16.82	\$0.00	\$36.01	\$0.82	\$6.81	\$0,80
26 Q	tuarterly Per Diem Rate for Bed I	fold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$99.18						·			

Provide			Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr I	ID: 00856028A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: htrly BIMS score huality Incentive:	N/A 35.8% 3.92	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1,3441 1,3982 1,4238	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			a	, b	С	ď	е	f	9	; g .	h	i
CASE	E MIX BASED RATE CALCULATIONS							:				
	est Center Peer Groups									1		i i
1 , 60	st Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		. 1 : All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	. 1 All Facilities	1 :		
	Bed Size Renge within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1	1		
Po	er Group Standards & Efficiency Measure Limits									:		l .
	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%	:	50.0%			
3   F	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%	· ·	105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
Ba	se Period Per Diem Allowed Amounts							i	:			
5 A	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,108,84	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	. \$
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,710)		\$0	\$0	\$3,632	\$5,455		1	(\$3,213)	
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507		\$1,329,836	\$117,406	\$1,216,822	\$13,06
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013								47(210)022	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days						!		37,331		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220,19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0,3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441		1 1					*	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40		:						
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31.16		\$36.93	\$3.14	\$33.79	\$0.3
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84	\$0.3
	varterly Per Diem Rate Prior to Add-ons			-	! !				1		(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.92	\$12,20	\$0.00	\$4,70	\$4.24	\$0.00	. 60.70	N/A	****	
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.87	\$78.60	\$0.00	\$30.26	\$27.33	\$0.00	\$3.78 \$24.34	\$3.14 :	N/A \$16.84	N/A \$0.3
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qlr End	\$100.67	1.4238	\$0.00	\$30.26	\$21.33	\$0.00	\$24.34	33.14	\$16.84	\$0.3
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.91					:			
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.18	\$111,91	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.3
_	4 1 8 81 441 4			1	,	1				1	413.31	
	Parterly Per Diem Add-on Amounts	(see Policy Manual)										
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  3IMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivs)	Ln 19 Col b x Stfag Add-on	\$2,80 \$3,36	\$2.80 \$3,36	!	1						٧.
	Nursing Home Provider Fee	(Fixed Amount)	\$3.36 \$17.10						£47.40			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$6.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	
-	parterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		<del></del>	-			· · · · · · · · · · · · · · · · · · ·				\$0.00
	Barterry Case mix Daseu Fer Dietii Kate	LII 19 T LII 24	\$238.19	\$118.60	\$0.00	\$30.48	\$27.33	\$0.00	\$41.44	\$3.14	\$16.84	\$0.30
26 Qu	rarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.82									

Provider: Cobblestone Rehab and Healthcare Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00142711A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: trly BIMS score uality Incentive:	N/A 23.3% 3.38	18.37% 1.0% 3.0%	Ortrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.4590 1.4537 1.4777	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	9	g	h	; i
CASE MIX BASED RATE CALCULATIONS					!		i	: 			1
1 Cost Center Peer Groups	(see Policy Manual)	1	1	1	2	1	1				•
Typo of Facility within Peer Group Bed Size Range within Peer Group		:	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits		1						i			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	:		
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: ;		
4 Eniciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	•										
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072.00	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449.894	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,94
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,94
8 Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374							1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days	:			1				19,878		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4590</u>		1			:	; ;		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.45	!	1		1		1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$52.45	\$0.00	\$15.30	\$25.45		\$40.25	\$0.31	\$18.78	\$3.24
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09	!	\$20.56	\$0.31	18.26	\$3.24
Quarterly Per Diem Rate Prior to Add-ons		i ·		1	1		1	:		(FRV)	
15 Growth Allowance Percentage = 18.37%	Łn 14 x Grwth Allwnc %	\$20.47	\$9.64	\$0.00	\$2.81	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.68	\$62.09	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	1	<u>1.4777</u>		1		j		i		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.75								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.34	\$91.75	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
Quarterly Per Diem Add-on Amounts	1 1				1			:			İ
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	1	\$0.00	r f
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92	:			:	;	1	ψυ.ου	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.75	\$2.75		1		:	!			:
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$4.20	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	ีโก 19 + Ln 24	\$204.86	\$95.95	\$0.00	\$18.33	\$27.33	\$0.00	\$41.44	\$0.31	\$18.26	\$3.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.82	:	·			· · · · · · · · · · · · · · · · · · ·	d			

Provider: College Park Health Care Center Prydr ID: 00140654A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective D		Q	with Allowance: Idy BIMS score	N/A 34.3%	18.37% 2.5%		Quarterly I	d Overall CMI: Medicaid CMI:		1.2906 1.4288	1.3617 1.4961
MDS & Nurse Hrs Data per Quarter End	ing: 03/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	2.91	1.0%	Ortrly Moaid	CMI w RUG 1	Nght Options:		1.4553	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·	:	а	b	C	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS					( )		i				
1 Cost Center Peer Groups	(see Policy Manual)			4	. ,	1	1				1
Type of Facility within Peer Group	(See Folloy Inditidal)	•	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: All Facilities			
Bed Size Range within Peer Group	3 6		All Bed Sizes		All Bad Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits			•		•				:		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%	1		İ
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	r		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	:				i i		:	!			
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,335,885.00	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8 Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452			: 11111111111	**	,,		!	***************************************	4 10,000
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL ins Rpt Days				1			t .	29,852		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1,44
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906		1	******				410.10	<b>V</b> 12.11
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55,39		1		:	1			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$55,39	\$0.00	\$15,53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits	•	\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64	\$1.44
· · · · · · · · · · · · · · · · · · ·	I									(FRV)	
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Gryth Allwnc %					An			i		<b>.</b>
• —	Ln 14 x Grwth Allwho % Ln 14 + Ln 15	\$19.96	\$10.18	\$0.00	\$2.85	\$3.21	\$0.00	\$3.72	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)     Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$138.31	\$65.57	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
	Lo 16 x Lo 17		1.4553 \$05.43				:		!		
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168.16	\$95.42 \$95.42	\$0.00	640.00	¢00.74	<b>#0.00</b>		***	m=	
addition, medical divini fillulated 1 of Digiti	ino - en ro, miorii - en ro	\$ 100.10	\$ <del>9</del> 5.42		\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7,64	\$1.44
Quarterly Per Diem Add-on Amounts					1		:				:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	;
21 BIMS Add-on Per Diem = 2.5% (to Routine S	· 1	\$2.39	\$2.39		1		:				
22 Nurse Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.95	\$0.95		1				!		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	i :		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.83	\$3.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189,99	\$99.29	\$0.00	\$18.60	\$21.12	\$0.00	\$41.30	\$0.60	\$7.64	\$1.44
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.67			·				l		

1 Cost Cer Type Bed : Peer Gr 2 Peer Gr 3 Peer Gr 4 Efficient	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:  Description  C BASED RATE CALCULATIONS  Inter Peer Groups Se of Facility within Peer Group Size Range within Peer Group Size Range within Peer Group Standards & Efficiency Measure Limits Interpretation of the Composit			trly BIMS score uality Incentive:  Routine Services  b  ### All Facilities All Bed Sizes	45.4% 3,40  Special Services  C	5.5% 5.0% Dietary	Laundry & Houskpng e		y Medicaid CMI: S Wght Options: Admin and General g	A&G- GL-PL Insurance	1,4709 1,4960 Property and Related h	1.4961 1.5223 Taxes and Insurance
TASE MIX  CASE MIX  Cost Cer Type Bed: Peer Gro Peer Gro Peer Gr Peer Gr Peer Gr Peer Gr Base Per	K BASED RATE CALCULATIONS  Inter Peer Groups So of Facility within Peer Group Size Range within Peer Group Sup Standards & Efficiency Measure Limits Froup Standards: Percentile Froup Standards: Multiplier Cy Measure Maximums (see line 20 for actual)	Calculations (see Policy Manual) (see Policy Manual) (see Policy Manual)		Services b  1 All Facilities	c c 1 All Facilities	d	Houskpng e	Operatns & Maint f	and General g		and Related	and
1 Cost Cer Type Bed : Peer Gr 2 Peer Gr 3 Peer Gr 4 Efficient	nter Peer Groups e of Facility within Peer Group Size Range within Peer Group oup Standards & Efficiency Measure Limits roup Standards: Percentile roup Standards: Multiplier cy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)	a	1 All Facilities	1 All Facililies						h	i
1 Cost Cer Type Bed : Peer Gr 2 Peer Gr 3 Peer Gr 4 Efficient	nter Peer Groups e of Facility within Peer Group Size Range within Peer Group oup Standards & Efficiency Measure Limits roup Standards: Percentile roup Standards: Multiplier cy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		All Facilities	All Facilities	2	_					1
Peer Gro Peer Gro Peer Gr Peer Gr Peer Gr Peer Gr Peer Gr Beer Gr Beer Gr Peer Gr Peer Gr Beer Gr	e of Facility within Peer Group Size Range within Peer Group oup Standards & Efficiency Measure Limits roup Standards: Percentile roup Standards: Multiplier cy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		All Facilities	All Facilities	2						1
2 Peer Gr 3 Peer Gr 4 Efficience Base Per	roup Standards: Percentile roup Standards: Multiplier cy Measure Maximums (see line 20 for actual)	(see Policy Manual)			All Bed Sizes	Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	riod Per Diem Allowed Amounts			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 As Filed												
1	f Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	s-
6 Audit Ac	djustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$514,843)	\$0	\$0	S0	\$0	\$0	(\$514,843)		(\$6,299)	\$6,29
7 Cost Ce	enter Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,29
8 Total I	Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									ĺ
Total !	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Apt Days								38,270		1
9 Net Per	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17,63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.2
10 Base I	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.2625</u>								1
	ne Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62,33								1
12 Net Per	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62,33	\$0.00	\$17,63	\$17,11		\$19.05	\$2.89	\$12.08	\$0.2
13 Per Diez	m Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0,00	\$19.52	\$23.55		\$24,02		N/A	
	eriod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127,16	\$62,33	\$0.00	\$17,63	\$17.11		\$19.05	\$2.89	7.93 (FRV)	\$0.2
	y Per Diem Rate Prior to Add-ons Allowance Percentage = 18,4%	Ln 14 x Grwth Allwnc %	\$21,33	\$11.45	\$0.00	\$3.24	\$3,14	\$0.00	\$3,50	N/A		
	lowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148,49	\$73,78	\$0.00	\$20.87	\$20,25	\$0.00	\$3.50 \$22.55	\$2.89	N/A \$7.93	N// \$0.2
	erly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140,43	1,4960	\$0.00	\$20.07	\$20,20	\$0.00	\$22,33	\$2,09	\$7.93	\$0.2
i	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$110.37								
	ly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.08	\$110.37	\$0.00	\$20,87	\$20.25	\$0.00	\$22,55	\$2.89	\$7.93	\$0.2
Quarter	y Per Diem Add-on Amounts	!										
	cy Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
i	dd-on Per Diem = 5,5% (to Routine Srvs)	Le 19 Col b x CPS Add-on	\$6,07	\$6.07	40.00	30,22	JV11	Ş0,00	φυ.37		30.00	
	Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Stres)	Ln 19 Col b x Sting Add-on	S5.52	\$5.52								
	Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	uarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.22	\$12.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
	y Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215,30	\$122,49	\$0.00	\$21,09	\$20.66	\$0.00	\$40,02	\$2,89	\$7.93	\$0.2
26 Quarter	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.65			L	L		L		7.20	

Provider: Comfort Creek NRC of Wadley Prodr ID: 00141138A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:		Facility Specific 1,3067	State- wide
Case Mix Per Diem Rate Effective Date:	8/14/2020		itriv BIMS score	35.3%	2.5%			d Overall CMI: Medicaid CMI:		1.5749	1.3617 1.4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	luality Incentive:	2.76	3.0%	Ortrly Meaid		Wght Options:		1.6044	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	, b	C	d	е	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS					. :		:		:		:
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1	. 1	!		
Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities	Free Standing	All Facilities	: All Facilities	. All Facilities			
Bed Size Range within Peer Group					All Bad Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			:		1				1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts			1								
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$3,313,002.67	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)	į.	(\$46,994)	\$45,021
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271			\$204,359	\$45,021
8 Total Nursing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042	İ		1						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$119.85	\$60,54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067		1				: !		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$46.33	;	1			1	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30	\$1.66
Quarterly Per Diem Rate Prior to Add-ons			-		į .			1	1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alfwng %	\$17.20	\$8,51	\$0.00	\$2.67	\$3.57	\$0.00	\$2.45	. N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$123.58	•	\$0.00		\$22,99	\$0.00			\$8.30	\$1.66
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V120.00	1.6044	20.00	317.21	ψ£33	\$0.00	. 913.76	\$2,00	30.30	. \$1.00
18 Ortrly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.99		÷ .						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.73	\$87.99	\$0.00	\$17.21	\$22.99	\$0.00	\$15,78	\$2.80	\$8.30	\$1.66
Quarterly Per Diam Add on Amounts	:							:		45.50	
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem {(Sind - Alwil) x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	80.00	£0.44	: #0.00		: !	66.55	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.20	\$2,20	\$6.00	\$0.22	\$0.41	\$0.00	\$0.37	. !	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20 \$2.64	\$2.20	I			!		: 1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. ⊅∠.04 !	1	; ;			\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5,37	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.20	\$93.36	\$0.00		\$23.40	\$0.00	+			·
	1		955.30	30.00	. 311.43	\$23.40	30.00	333.25	÷ \$2.50	\$8.30	\$1.66
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.33	:								

1	vider: Cordele Health & Rehab dr ID: 00059892A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 08/14/20 03/31/20 Nurse Hours per 0	Qtr	th Allowance: ly BIMS score	Facility Score N/A 36.5% 5.01	Add-on Percent 18.37% 2.5% 3.0%	NASANASAN (1887)	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1887 1.7086 1.7407	State- wide 1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1887								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68.11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.15	\$12.51	\$0.00	\$3.52	\$2.81	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$80.62	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7407								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.03	\$140.34	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51	7.5				7-700		<b>‡3.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$8.25	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.79	\$148.59	\$0.00	\$22.66	\$18.51	\$0.00	\$44.87	\$3.26		\$1.28

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$173.02

(Ln 25 - Ln 23) \* 0.75

Provider: Countryside Health Center Provid ID: 00141666A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date	8/14/2020		triy BIMS score	N/A 31.8%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1,1147 1,5792	1.3617 1.4961
MDS & Nurse Hrs Data per Quarter Ending		ırs per On-Site Day/Q		2.88	2.0%	Ortrly Moaid	CMI w RUG			1.6078	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	-	a	ь	C	d	e	f	. g	g	h	i
CASE MIX BASED RATE CALCULATIONS	•							i			Ì
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1	1	:		
Type of Facility within Peer Group			. All Facilities	. All Facilities		All Facilities	All Facilities	: All Facilities	1		
Bed Size Range within Peer Group	*		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	:		
Peer Group Standards & Efficiency Measure Limits	1		:				1		1 :		!
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	: !		1
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		:
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			! !
Base Period Per Diem Allowed Amounts	:		:						:		!
5 : As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679.00	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6 Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)	a i	(\$15,273)	\$15,273
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8 Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464					-		1 1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days						1		19,564		!
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147						1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10	į.	\$49.99		. [		1				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0.78
13 Per Diem Standards (After Statewide CMA (or Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77	:	\$12.61	\$2.06	6.13	\$0.78
Quarterly Per Diem Rate Prior to Add-ons	•								1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.33			20.07	£0.00					i 
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$17.53	\$9.18 \$59.17	\$0.00 \$0.00		\$3.26	\$0.00	\$2.32		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	. \$120.04	1.6078	30.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.13				:				i i
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.60	\$95.13	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
Ougstady Day Diam Add on Amounts	•		:				:		-	40.10	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	60.07	:	<b>\$5.55</b>	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.38	\$2.38	. 30.00	. 30.∠∠	<b>⊅</b> 0.41	20,00	\$0.37	!	\$0.00	:
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.30	\$2.38 \$1.90				:	:			
23 Nursing Home Provider Fee	(Fixed Amount)	\$1.90	. 91.50					\$17.10	1 1		:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$22.91	\$4.81	\$0,00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25   Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.51	\$99.94	\$0.00	\$16.76	\$21.44	\$0.00	·	\$2.06	\$6.13	\$0.78
	3	1	+	<del>+</del> 0.00	*10.10	721.44	. 40.00	402.40	32.00	40.13	- Ju./0
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.81	:								

	rovider: Covenant Dove - Macon rvdr ID: 00141523A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020		wth Allowance: trly BIMS score	Facility Score N/A 38.2% 3.38	Add-on Percent 18.37% 2.5% 2.0%		Quarterly	(CMI) Data od Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5027 1.7449 1.7767	State- wide 1.4014 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)	ψ11,550	(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788				1 2		1 2 12 2		*554555	,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$22.60	\$11.90	\$0.00	\$2.61	\$3.68	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.31	\$76.69	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7767		(C.1/6800 (E.1))	o terrorio di	********	,	720	Ţ3.0L	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.88	\$136.26	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
	Quarterly Per Diem Add-on Amounts											98
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41	\$0.00	φυ.22	φυ.+1	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	*					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.28	\$142.93	\$0.00	\$17.04	\$24.12	\$0.00	\$45.53	\$0.39	\$8.92	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.39			107					<u> </u>	(2000000)

	rovider: Crestview Nursing Facility		Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	N/A 31.7% 2.92	18.37% 2.5% 3.0%	Qrtrly Mcaid	Quarterly N	f Overall CMI: Medicaid CMI: Wght Options:		1,1823 1,0593 1,0711	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	b	С	ď	е	f	9	g	h	i
. <u>c</u>	ASE MIX BASED RATE CALCULATIONS					:			:			
1	Cost Center Peer Groups	(see Policy Manual)		1	1		1	1				
	Type of Facility within Peer Group	(acc) oney manualy		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			:
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits					ļ :		:				:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	I .	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			;		;			:			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,737,823)		\$0	(\$349,850)	(\$63,040)	1		1 1	(\$267,314)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	-	\$1,271,799	\$1,194,055	, ,	\$3,189,154	\$155,956	\$251,597	\$4,082
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009		*-		7-1		:		4201,001	: 41,002
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days	. '			:				101,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175,14	\$97,34	\$0.00	\$14,29	\$23.26	! : (with L&H)	\$35.83	\$1,54	\$2.83	\$0.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1823	*	: -	*******		:		<b>Q</b> 2.00	
11		Ln 9 / Ln 10		\$82,33						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	R\$ = Ln 11, AllOthr = Ln 9		\$82,33	\$0.00	\$14.29	\$23.26		\$35.83	\$1,54	\$2.83	\$0.05
13	Per Diern Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.87	\$71,51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83	\$0.05
	Constants Des Diese Date Halanda Add									1	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.79	\$13,14	\$0.00	\$2.63	\$4.24	\$0.00	\$3.78			
16	·	Ln 14 + Ln 15	\$164.66	\$84,65	\$0.00	\$16.92	\$27.33	\$0.00	\$3.78 \$24.34	N/A	N/A	: N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. φ104.00	1.0711	\$0.00	\$10.92	\$27.33	\$0.00	\$24.34	\$1,54	\$9.83	\$0.05
18	· · ·	Ln 16 x Ln 17		\$90.67		. '			, I			,
- 19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.68	\$90.67	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
				450.51	40.00	. 410.52	417.00	Ψ0.00	. 424.54	\$1.54	49.03	1 40.03
	Quarterly Per Diem Add-on Amounts	4 5 5 44 5							1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	ì
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27				! !	1			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.72	\$2.72		:			. 400	; ;		:
23	Nursing Home Provider Fee  Total Quarterly Per Diem Add-on Amounts	(rixed Amount) Sum of Lns 20 thru 23	\$0.00	04.00	eo	40.00	**		\$0.00	!		
·			\$5.21	\$4.99	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.89	\$95.66	\$0.00	\$17,14	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.92									

Provider: Crisp Regional Nursing and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: <b>00274128A</b> Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	***************************************		with Allowance: trly BIMS score uality Incentive:	N/A 66.7% 4.33	18.37% 5.5% 3.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.4206 1.8437 1.8785	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	·	а	b	С	d	е	f	g	g	h	í
CASE MIX BASED RATE CALCULATIONS					1				:		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1		i .		
Type of Facility within Peer Group	(See Follow Manual)		. All Facilities	All Facilities	Hosp Based	ı All Facilities	: All Facilities	All Facilities			
Bed Size Range within Peer Group	·		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				1
Peer Group Standards & Efficiency Measure Limits					1			1			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%	£	105.0%			:
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	! :	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i		
Base Period Per Diem Allowed Amounts		!			: '		;		1		! !
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644,00	\$2,971,066	50	\$711,607	\$402.802	\$416,741	\$836,579	\$70,786	\$543,063	; S0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,154)		\$0	\$0	\$1,048	\$1,086	(\$74,675)			1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0		\$403,850	\$417,827	\$761,904	\$70,786	(\$9,002) \$534,061	1
8 Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794	. 42,571,000		\$711,007	\$400,000	: \$417,027	\$100,004	\$10,700	\$334,001	\$10,389
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days	. 54,754			1		:		25,234		1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2,234	\$15.35	\$0.30
10 Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY12	Ψ100.02	1,4206		¥20,43	φ23.02	(mar zur y	φ21.50	\$2.01	\$10,00	<b>Φ</b> 0.30
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	· i	\$60,11								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	\$15.55 N/A	<b>30.30</b>
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.94	\$60.11	\$0.00		\$23.09		\$20.56	\$2.81	9.62	\$0.30
					W20.40	Ψ20.03			\$2.01	9.02 (FRV)	<b>\$0.30</b>
Quarterly Per Diem Rate Prior to Add-ons									1	(,,,,,	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$22.82	\$11.04	\$0.00	Annual Control of	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$159.76	\$71.15	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8785		1		:	į			1
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lπ 16 x Ln 17		\$133.66	:	1			i	1		: 
19 : Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$222.27	\$133.66	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
Quarterly Per Diem Add-on Amounts					1			1			!
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)		\$7,35	\$7.35		40.ZE	<b>43</b> .00		\$0.00	1	\$0.00	I
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								:
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10		:	· i			\$17.10			: !
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.21	\$11,89	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.48	\$145.55	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$27.33	\$0.00	\$41.44	\$2.81	\$9.62	\$0.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days		<u> </u>							1	73.01	40.00
40   Wooteny Fer Diem Kate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.79	:								

	ovider: Cross View Care Center ovdr ID: 00142502A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20		vth Allowance: ly BIMS score	Score N/A 30.4% 2.71	Add-on <u>Percent</u> 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.1512 1.4174 1.4413	State- wide 1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116.54	\$46.78	\$0.00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2.23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1512								92
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.64	\$0.00	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0.77	7.68	\$2.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.37	\$7.47	\$0.00	\$3.19	\$4.27	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82	\$48.11	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7.=3194	1.4413	1	123.00	4201	\$3.00	422.10	\$0.77	Ψ1.00	φ2.00
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.05	\$69.34	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
	Quarterly Per Diem Add-on Amounts						178		7/2			27222033
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	90.00	¢0.07		<b>\$0.00</b>	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.73	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$1.39	\$1.39					\$17.10			
23	Training From C Frovider Fee	(Fixed Allibuili)	φ17.10						\$17.10			

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

24

25

26

\$21.34

\$171.39

\$115.72

\$3.65

\$72.99

\$0.00

\$0.00

\$0.22

\$20.75

\$0.00

\$27.54

\$0.00

\$0.00

\$17.47

\$39.66

\$0.00

\$0.77

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$7.68

\$0.00

\$2.00

Provider: Cumming Nurs Prvdr ID: 00140302A	sing Center  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: htrly BIMS score		Add-on Percent 18.37% 5.5% 3.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.3016 1.4198 1.4444	State- wide 1.3617 1.4961 1.5223
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		а	b	C	j d	е	f	g	g	ħ	i
CASE MIX BASED RATE O	CALCULATIONS		1									
1 Cost Center Peer Groups		. (see Policy Manual)	•	:	. 1	. 2	1	1	. 4	1		
Type of Facility within Pee	er Group	. (odo i olio) mailoui)		All Facilities		Free Standing	All Facilities	: All Facilities	: All Facilities	!		
Bed Size Range within Pe	er Group		1	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		i		
Peer Group Standards & Effi	iciency Measure Limits	f			İ	;				! !		
2 Peer Group Standards: Perc		{see Policy Manual}		90.0%	90.0%	90.0%	85.0%	í	50.0%			
3 Peer Group Standards: Multi		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximum	TIS (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Base Period Per Diem Allow	red Amounts		:		ı				:	;		
	(Rouline & Special Srycs Combined)	: As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534.00	\$3,015,528	: \$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
· ·	ocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$266,253)				(\$92,450)				(\$148,090)	
7 Cost Center Costs After Aud		FY12 Audited C/R	\$5,008,281		\$0		\$413,557	\$268,098	\$481.895	· ·	\$126,579	\$29,816
8 Total Nursing Facility Days		FY12 Audited C/R Days	31,273			4010,113	\$ <del>-</del> 10,001	\$200,000	Ψ401,033	\$01,020	\$120,519	. \$29,010 :
Total Nursing Facility Day		FY 18 GL-PL Ins Rpt Days	31,213		!	1			:	41,766		
	Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21,80	(with L&H)	\$15.41	\$1,48	\$4.05	\$0.95
	Mix Index for All Residents	from 4 qtrs of FY12		1,3016	. 50.00	\$15.12	\$2,1,00	147/17 20117	913.41	\$1.40	\$4.05	, \$0.95
· · · · · · · · · · · · · · · · · · ·	Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$73.94						:		
12 Net Per Diems after Case M		RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15,41	\$1.48	\$4.05	: : \$0.95
	latewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	1 1	,	\$0.95
14 Base Period Case Mix Adjus	· ·	Lesser of Ln 12 or Ln 13	\$139.41	\$71.51	\$0.00 \$0.00		\$23.09		\$15.41	\$0.00	N/A	
: : : : : : : : : : : : : : : : : : :	itea Allowed Felt Dielil		\$135.41	. 371,31	÷ \$0.00	\$10.41	\$21.60		\$15.41	\$1.48	9.85 (FRV)	\$0.95
Quarterly Per Diem Rate Price	or to Add-ons				1				:	[	\$1117)	
15 Growth Allowance Percentage	ge = <u>18.37%</u>	Ln 14 x Grwth Allwno %	\$23.35	\$13.14	\$0.00	\$3.38	\$4.00	\$0.00	\$2.83	N/A	N/A	N/A
16 CMA Allowed Per Diem (Afte	r Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.76	\$84.65	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
17 Quarterly Facility Case Mi	x Index for Medicaid Residents	per Current Qtr End		<u>1.4444</u>	1	1		i		1		:
18 Ortrly Routine Srvcs Case	e Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.27				1	!	: !		
19 Quarterly Medicaid CMA Allo	owed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$200.38	\$122.27	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
Quarterly Per Diem Add-on A	Amounts	1	:					ļ	i	1		
	((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0,37		\$0.00	1
21 BIMS Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.72	\$6.72	. 40.00	\$0.00	ψ0,41	90.00	; wo.31	: {	\$ <del>0.00</del>	
1 :	d-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.67	\$3.67	l .					1		İ
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10	. 45.07		i i		İ	\$17.10	: ;		
24 Total Quarterly Per Diem Ad	d-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.39	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
25 Quarterly Case Mix Based Po		Ln 19 + £n 24	\$228.65	\$132.66	\$0.00	***************************************	\$26.21	\$0.00	\$35.71	-	\$9.85	
<u> </u>					30.00	\$41.19	\$20.21	30.00	\$35./1	\$1.48	\$9.85	\$0.95
26 Quarterly Per Diem Rate for	Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.66	1								

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	***************************************			wth Allowance:	N/A	18.37%			d Overall CMI:		1.3112	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	41.4%	2.5%			Medicaid CMI:		1.4501	1.4961
	MDS & Noise his Data per Quarter Ending;	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	4.49	1.0%	Ortrly Meald	CMI W RUG !	Wght Options:		1.4717	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	ď	е	f	g	. 9	h	<u> </u>
CASE	MIX BASED RATE CALCULATIONS							:				
1 Cos	t Center Peer Groups	(see Policy Manual)		: 1	. 4	2	1	1	1			
	Type of Facility within Peer Group	(see I oney manual)		. All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: All Facilities			İ
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	i .		
Peer	r Group Standards & Efficiency Measure Limits	:				:		[		;		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Pe	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Basi	e Period Per Diem Allowed Amounts							}				
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,344,854.00	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	SO.	\$0	\$0	\$0	(\$4,307)		(\$10,653)	1
7 Cc	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0		\$62,927			\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5,856			1	<b>,</b>		1	:	4,0,0	470,000
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL Ins Rpt Days						3		11,404		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$228.72	\$105.54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53,61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3112		1 1		: 1			*	71.02
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80,49						i .		[
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84	Í	\$53.61	\$0.21	\$19.96	\$1.82
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24	\$1.82
	rterly Per Diem Rate Prior to Add-ons	•									(FRV)	!
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$24.05			20.00	24.04			1	- * * -	
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$24.05	\$13.14 \$84.65	\$0.00		\$4.24	\$0.00		N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$185.22		\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 16 x Ln 17		1.4717 \$124.58		1		ı		: (		:
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$225.15	\$124.58	\$0.00	\$18.63	\$27.33	: \$0.00	\$24.34	\$0.21	<b>#</b> 00.04	
			9220.10	. 9124.30	\$0.00	\$10.03	\$27.33	\$0.00	. \$24.54	\$0.21	\$28.24	\$1,82
	rterly Per Diem Add-on Amounts					1				:		
	ficiency 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	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11		1		1		: 1		
	urse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.25	\$1.25				!	:	•		
	ursing Home Provider Fee	(Fixed Amount)	\$17.10	1		1			\$17,10			
ii	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.36	\$0.00	·	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.83	\$128.94	\$0.00	\$18.85	\$27.33	\$0.00	\$41.44	\$0.21	\$28.24	\$1.82
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$172.30									
				:								

	rovider: Dade Health and Rehab Center rvdr ID: 00142865A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 40.0% 4.52	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI; Medicaid CMI:		Facility <u>Specific</u> 1.2764 1.5961 1.6264	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	a	b	С	d	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS											İ
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		. 1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			· · · · · · · · · · · · · · · · · · ·
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts	· i										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776.00	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	so.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156			(\$7,624)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474		\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	. FY12 Audited C/R Days	22,897						1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
10	,	from 4 qtrs of FY12		1.2764								
11	,	Ln 9/Ln 10		\$58.60					-			í
12	1	RS = £n 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	:	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75	:	\$17.47	\$6.29	8.51	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons	:				[		1	;		(FRV)	
15		Ln 14 x Grwth Allwnc %	\$20.45	\$10.76	\$0.00	\$2.85	\$3.63	\$0.00	\$3.21	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$147.17	\$69.36	\$0.00	· ·	\$23.38	\$0.00		\$6.29	\$8.51	
17		per Current Qtr End		1.6264			•2.0.00	. 40.00		40.23	Ψ0.51	. 40.57
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.81				:	-			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$190.62	\$112.81	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8,51	\$0.57
	Quarterly Per Diem Add-on Amounts							:				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
- 21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82		1	23.11				\$5,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$24.83	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	1	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$215.45	\$119.54	\$0.00	\$18.60	\$23.79	\$0.00	\$38.15	\$6.29	\$8.51	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.76	:		·		£.	<u> </u>	<u> </u>		*
	·											

	vider: Dawson Health & Rehab		Add-on Data and Percentages Growth Allowance: Otify BIMS score			Add-on Percent 18.37% 2.5%	Case Mix Index (CMI) Data				Facility Specific	State- wide
Prv	dr ID: 00140808A  Case Mix Per Diem Rate Effective Date:	8/14/2020					Base Period Overall CMI: Quarterly Medicaid CMI:				1.2140 1.4706	1.3617 1,4961
MDS & Nurse Hrs Data per Quarter Ending:		03/31/20 Nurse Ho	Hours per On-Site Day/Quality Incentiv			3.0%	Only Meaid CMI w RUG Wight Options:				1.4947	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		***************************************	; а	b	C	d	e	f	9	g	h	i
CA	SE MIX BASED RATE CALCULATIONS					: :						
1	Cost Center Peer Groups	(see Policy Manual)	•	1	. 1	2	1	1	. 1			
	Type of Facility within Peer Group	(**************************************		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	. All Facilities			
í	Bed Size Range within Peer Group		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			:
. ;	Peer Group Standards & Efficiency Measure Limits					: :						
2 :	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%			
3 :	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	<u> </u>		
	Base Period Per Diem Allowed Amounts							i				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$3,350,364.66	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6 :	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)	,	(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	
8 ;	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645						:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days			:			İ		24,096		
9 ;	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
10 (	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								:
11 [	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59	:							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22	\$0.73
: -	Quarterly Per Diem Rate Prior to Add-ons									. !	(FRV)	•
15	Growth Allowance Percentage = 18.37%	£n 14 x Grwth Allvenc %	\$19,13	\$10.40	\$0.00	\$2.75	\$3.06	\$0.00	\$2.92	N/A	N/A	N/A
16 :	CMA Allowed Per Dierri (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.27	\$66.99	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	· \$8.22	
17 ;	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4947			<b>4.5.1.</b>	:		<b>Q</b> 5.01	<b>\$0.22</b>	. 40.70
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x էя 17	:	\$100.13	:					V		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.41	\$100.13	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
	Quarterly Per Diem Add-on Amounts							İ				
20 :	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50	Ψ0.00	\$U.ZZ	φυ.41	90.00	40.37		Φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routino Sives)	Ln 19 Col b x Sting Add-on	\$3.00	\$3.00				1				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	40.00					\$17,10			•
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.54	\$106.16	\$0.00	\$17.96	\$20.12	\$0.00	\$36.28	\$3.07	\$8.22	· · · · · · · · · · · · · · · · · · ·
- 26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131,58			·				1	7.77	

# Description Calcu  CASE MIX BASED RATE CALCULATIONS  1		Qtr	wth Allowance: rly BIMS score ality Incentive:	N/A 34.7% 3.76	18.37% 2.5% 3.0%	Ortrly Mcaid		I Overall CMI: Medicaid CMI: Webt Ontions:		1.7909 1.7682	1.3617
Line # Description Sou Calcu  **CASE MIX BASED RATE CALCULATIONS*  1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs  PY12 C/R A	rces /					Ortrly Moaid				1.7002	
# Description Calcu  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  2 Peer Group Standards: Multiplier     See Polication (see Polication (see Polication))  4 Efficiency Measure Maximums (see line 20 for actual)     Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)     As Filed Fy12 C/R A		:						. S Obtrocor		1.8022	1.4961 1.5223
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Politics) Peer Group Standards: Multiplier (see Politics) Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A	ılations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Politics) Peer Group Standards: Multiplier (see Politics) Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A		a	b	С	d	е	f	g	g	h	i
Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile (see Politics) Peer Group Standards: Multiplier (see Politics) Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  As Filed FY12 C/R A						1					
Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile (see Policate Group Standards: Multiplier (see Policate Group Standards: Multipli	cy Manual}	:	1	1	2	1	1	1			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile (see Poli 3 Peer Group Standards: Multiplier (see Poli 4 Efficiency Measure Maximums (see line 20 for actual) (see Poli Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	: 1		
2 Peer Group Standards: Percentile (see Poli- 3 Peer Group Standards: Multiplier (see Poli- 4 Efficiency Measure Maximums (see line 20 for actual) (see Poli- Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	,		
3 Paer Group Standards: Multiplier (see Polit Efficiency Measure Maximums (see line 20 for actual) (see Polit See Polit See Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	*		!		:			:			
4 Efficiency Measure Maximums (see line 20 for actual) (see Poli- Base Period Per Diem Altowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R A 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	cy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	:		
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srves Combined) As Filed FY12 C/R 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	cy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	cy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R A	:				i				: !		
	-FY 2018 GL-PL Rpt 5	\$3,960,862.04	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	: \$0
7 Cost Center Costs After Audit Adjustments FY12 Ad	Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
	udited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8 Total Nursing Facility Days As Filed Days = 23,853 FY12 Audit	ted C/R Days	23,853	į								
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394 FY 18 GL-Pl	L Ins Rpt Days								24,394		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7/1	n 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$9.39	\$1.55
10 Base Period Facility Case Mix Index for All Residents from 4 q	lrs of FY12	-	1.7909			-			1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9	/ Ln 10		\$50.24						1 :		:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11,	AllOthr = Ln 9	:	\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1,55
13 Per Diem Standards (After Statewide CMA for Routine Stycs) per Peer C	Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of L	n 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20	\$1.55
Quarterly Per Diem Rate Prior to Add-ons		:						!	1	(FRV)	
	wth Allwnc %	\$19.14	\$9.23	\$0.00	\$3.32	\$2.81	\$0.00	\$3,78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14	+ Ln 15	\$138.13	\$59.47	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
	ent Otr End		1.8022	******				, 02,50	: 2011	ψ10.20	1
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16	x Ln 17		\$107.18					i	<u> </u>		:
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18,	AllOthr = Ln 16	\$185.84	\$107.18	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
Quarterly Per Diem Add-on Amounts	:							1	i :		
	cy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	1
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Cot b	•	\$2.68	\$2.68	ψ0.00	W.ZZ	Ψυ,91		. 40.00	: i	40.00	I
	x ÇEŞ AGG+DD							į.	1		1
· · · · · · · · · · · · · · · · · · ·	x CPS Add-on								i ·		
1		\$3.22	\$3.22					\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19	x Stfng Add-on			\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	. \$0 aa
26   Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - L	x Stfing Add-on Amount)	\$3.22 \$17.10	\$3.22	\$0.00 \$0.00	\$0.22 \$21.59	\$0.41 \$18.50	\$0.00 \$0.00	\$17.10 \$17.10 \$41.44	\$0.00 \$0.11	\$0.00 \$13.20	\$0.00 \$1.55

	ovider: Delmar Gardens of Gwinnett, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pi	vdr ID: 00395161A			wth Allowance:	N/A	18.37%			i Overall CMI:		1.2576	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	21.6%	1.0%			Medicaid CMI:		1.1036	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3,43	2.0%	Qrtrly Mcaid	CMI w RUG V	Wght Options:		1,1153	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	Ç	d	е	f	; g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS							: }	:	;		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	. 2	1	1	1	:		:
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
	Peer Group Standards & Efficiency Measure Limits					į :		i I	:	;		
2	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	. !		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: 1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	: 1		
	Base Period Per Diem Allowed Amounts					:		!		: :		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011.00	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	
8	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172			1						:
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days				:		!	:	21,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2576		:						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93		. :			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09	i f	\$20.56	\$1.38	9.39	\$0.93
	Out to be provided by the prov					1		,	i	1	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.88	\$12.48	\$0.00	60.20	E4.04					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.57	\$80,41	\$0.00	\$3.38 \$21.79	\$4.24 \$27.33	\$0.00 \$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. \$105.57	1.1153	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1,38	\$9.39	\$0.93
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$89.68		: [			:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$174.84	\$89.68	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1,38	\$9.39	\$0.93
					*****		4	:	:	, , ,	ψ5.00	ψ0.50
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)		60.50			60					
21		Ln 19 Col b x CPS Add-on	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	:
	· ——— · · · · · · · · · · · · · · · · ·		\$0.90	\$0.90		:						
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79		1						1
23 24	Nursing Home Provider Fee Total Quadratu Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	***	***	****	***	:	\$17.10			
	Total Quarterly Per Diem Add-on Amounts		\$20.32	\$3.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.16	\$92.90	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$1.38	\$9.39	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.55									

	ovider: Delmar Gardens of Smyrna		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	vdr ID: 00296271A  Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: http://discore	N/A 33.8%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.2475 1.3264	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.46	3.0%	Qrtrly Mcaid		Wght Options:		1.3448	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. а	b	С	ď	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		i									
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1			
	Type of Facility within Peer Group	` ', '		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			•					:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			-		:				ì		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,229,800.00	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)	1	(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854		:	1			: ' '		,,.	
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days		1	:				:	38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142,70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2475		1 1		! ' '	:		*****	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		. \$62,76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	!	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16	\$0.99
į	Quarterly Per Diem Rate Prior to Add-ons		•								(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21,74	\$11.53	\$0.00	\$3.07	£2.74		. 60.40	A1/A	1114	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.65	\$74,29	\$0.00	\$19.76	\$3.74	\$0.00	\$3.40	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. \$152.03		30.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		1.3448 \$99.91		1		-	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.27	\$99.91	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1,43	\$10.16	\$0.99
				. 455.51		\$15.10	924.03	\$0.00	921.33	\$1,43	\$10.16	20.9
	Quarterly Per Diem Add-on Amounts			:	;			-				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.00	\$3.00						: 1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					b	\$17.10	: i		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$202.40	\$105.94	\$0.00	\$19.98	\$24.50	\$0.00	\$39.40	\$1.43	\$10.16	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.98					***************************************		· · · · · · · · · · · · · · · · · · ·		
	-		1									

Provider: Douglasville Nursing and Rehab Ctr.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00141083A			wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.5626	1.3617
Case Mix Per Diem Rate Effective Date:			trly BIMS score	20.4%	1.0%			Medicaid CMI:		1.4523	1.4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	3.60	3.0%	Orthy Meaid	CMI w RUG	Wght Options:		1.4758	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· ·	а	b	C	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	. :				:		:		1		
			_	_							
1   Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2	1	1	1	1		
Bed Size Range within Peer Group	:		All Bod Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	i e		
			. All Ded Sizes	An Deu Ortos	All Ded Sizes	All 560 31265	Wit Den Olfer	All Ded Sizes	1		
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.50			
3 Peer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts						•	:	45.57			
As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	640,000,440,00				\$ 40m ann		1			_
, , , , , , , , , , , , , , , , , , , ,	FY12 C/R Audit Adistmts	\$12,063,143.00	\$7,214,948		\$1,236,773	\$467,088		\$1,444,343	\$98,758	\$980,932	\$0
	FY 12 C/R Audit Adjums FY 12 Audited C/R	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)		(\$32,022)		(\$128,218)	\$105,988
		\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
	FY12 Audiled C/R Days	81,943			:			1			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849  Net Per Diems prior to Case Mix Adistmt to Routine Srycs	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a				1 1	_			84,849		
,	·	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626				:		i .		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19		1			1			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00		\$13.63	:	\$17.24	\$1.16	\$10.41	\$1.29
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.88	\$56,19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35	\$1.29
Quarterly Per Diem Rate Prior to Add-ons					i .					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiig %	\$18.75	\$10.32	\$0.00	\$2.76	\$2.50	\$0.00	\$3,17	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$66.51	\$0.00	\$17,78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1,29
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.4758	• • • • • • • • • • • • • • • • • • • •		*		1		\$14.55	<b>41.45</b>
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.16		1			:			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$169.28	\$98.16	\$0.00	\$17,78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
Quarterly Per Diem Add-on Amounts								!		•	•
20 Efficiency Add-on Per Diem ([Strid - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00				
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.53	\$0.00	30.22	<b>\$</b> 0.41	\$0.00	\$0.37	i i	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Sifng Add-on	\$0.98	\$0.98 \$2.94						:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	92.94					g-17-47	i :		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	64 4°	¢0.00	\$0.00	60.44		\$17.10		<b></b>	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	LII 19 7 LII 24	\$191.83	\$102.61	\$0.00	\$18.00	\$16.54	\$0.00	\$37.88	\$1.16	\$14.35	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.05									

	ovider: Dublinair Health & Rehab Center ordr ID: 00059947A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Case	e Mix Index (C Base Period	CMI) Data 3 Overall CMI	-	Facility Specific 1,2467	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	28.7% 2.80	1.0% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.4932 1.5182	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
!			а	ъ	С	d	e	f	9	g	h	î
C/	ASE MIX BASED RATE CALCULATIONS					: :			:			
	Cost Center Peer Groups				4	:				1		
•	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group	•		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		I.
1	Peer Group Standards & Efficiency Measure Limits						odd Oilco	, 1.11 000 01200	, in Bod Oiles	:		
2	Peer Group Standards: A Emiciency measure Limits  Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	l :	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts							ŀ		1		!
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623.00	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11.507)			(\$52,995)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009		\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48.499	. 43,233,137	•	0101,002	0051,102	ψ505,155	000,000	\$131,E04	\$11,001	\$41,451
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days				; i				44,985		
9	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53		\$0.23	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2467	•		******				40.20	••.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46					i	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15,83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99	\$0.98
. :	Description Description and Add					1				i .	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	£47.07		60.00	60.04	***		***	1 :		
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$17.97 \$129.03	\$10.00	\$0.00		\$2.94	\$0.00	,	1	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$129.03	\$64.46	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
18	Ortrly Routine Stress Case Mix Adjatd (CMA) Net Per Diem	Lp 16 x Lp 17		1.5182 \$97.86								1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOthr = Ln 16	\$162.43	\$97.86	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	, \$0.98
	desired, medical cital metical at significant		5102.45	. 457.00	\$0.00	310.74	\$10.50	. 40.00	. 913.03	\$4.25	ee.1¢	\$0,90
-	Quarterly Per Diem Add-on Amounts					:						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	}
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		\$0.98	\$0.98						i ,		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.94	\$2.94					:	: 1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	i		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4,45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£π 19 + Ln 24	\$184.98	\$102.31	\$0.00	\$18.96	\$19.37	\$0.00	\$31.12	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125,91					~~~······				

	rovider: Dunwoody Health and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Ρ.	rvdr (D: 00815295A	814.419.000		wth Allowance:	N/A	18.37%			Overall CMI		1.6363	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	8/14/2020 03/31/20 Nurse Hou	u rs per On∙Site Day/Q	Itrly BIMS score	23.3% 3.41	1.0% 2.0%	Odduštacid	,	Medicaid CMI:		1.7445	1.4961
	woo a russer is bata per adarter brong.	03/3 1/20 Noise 11001	s per On-one Dayio	nany incentive,	3.41	2.0 %	Citilly tescalu	CMI w RUG	wgm Opnons.		1.7762	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·		а	b	C	d	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS	:						i	:			
-	Cost Center Peer Groups	(see Policy Manual)				2	1	1		, !		
•	Type of Facility within Peer Group	(see I only mailiar)		. All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: All Facilities			
	Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
	Peer Group Standards & Efficiency Measure Limits	:										
. 2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i i		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: !		
	Base Period Per Diem Allowed Amounts	:							:			
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181.00	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733.055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813	1 1 1	(\$199,784)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716			\$1,279,369	\$494.884		\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805	:			•				4555,27	4200,102
!	Total Nursing Facility Days GL-PL Ins., Rot As Fited Days = 71,443	FY 18 GL-PL Ins Rpt Days	·	· ·		1			1	71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02		\$7.23	\$2,78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6363			*	, ,	1	1	*	40.70
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59				!		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32		\$27.02	\$0.08	\$7.23	\$2.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	;	\$20.56	\$0.00	N/A	<b>42</b>
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70,59	\$0.00	\$17.33	\$16.32	,	\$20.56	and the second second	17.68	\$2.78
	Overtody Des Diese Bate Dries to Add and					1					(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	£00.00				***					
16	·	Ln 14 + Ln 15	\$22.93	,	\$0.00	\$3.18	\$3.00		\$3.78	: .	N/A	N/A
17	·	per Current Otr End	\$168.27	\$83.56	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
18		La 16 x La 17		1.7762						÷		
: 19		RS = Ln 18, AllOthr = Ln 16	\$233.13	\$148.42 \$148.42			240.00					
	dualiterly weatcast OWA Allowed Fel Diem	10 - Eli 10, Allosii - Eli 15	\$233.13	9140,42	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
!	Quarterly Per Diem Add-on Amounts					:				: :		
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	:	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48		1		1				
22	· — · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97				1		1		
23		(Fixed Amount)	\$17.10					:	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.84	\$153.40	<b>\$0</b> .00	\$20.73	\$19.73	\$0.00	\$41.44	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.06	:		······································						
	<u> </u>	\	45.00									

	rovider: Eagle Health rvdr ID: 00143151A  Case Mix Per Dien MDS & Nurse Hrs Dat		5/ <b>14/2020</b> 03/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 42.6% 3.47	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3784 1.5189 1.5460	State- wide 1.3617 1.4961 1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits												
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
			(444 ) 444 (444 )		70.00	******	777.	*****		40.0.			
_	Base Period Per Diem Allowed Amounts	D A O I	Filed FY12 C/R -FY 2018 GL-PL Rpt	¢0.450.070.00	<b>#1 000 F00</b>	ro.	<b>#005 170</b>	#1C4 OC4	Ф071 100	<b>#E00.004</b>	¢114.700	¢170 400	ro.
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combine Audit Adjustments and Reallocations to Cost Center Costs	ed) AS I	FY12 C/R Audit Adjstmts	\$3,453,079.09 (\$67,575)	\$1,892,596 (\$915)	\$0 \$0	\$325,176 (\$1,864)	\$164,064 (\$7,755)	\$271,199 (\$12,820)	\$508,824 (\$37,510)	\$114,722	\$176,498 (\$33,888)	\$0 \$27,177
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	,	Days = 20,477	FY12 Audited C/R Days	20,477	* 1,000 1,000		<b>4</b> 020,012	*********	<b>4</b>	*,•	<b>*</b> · · · · · · · · · · · · · · · · · · ·	<b>*</b> · · · · · · · · · · · · · · · · · · ·	<b>V</b> =1,
		Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs		Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1.33
10	Base Period Facility Case Mix Index for All Residents		from 4 qtrs of FY12		1.3784								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs		RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38 (FRV)	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons											(/////	
15	Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %	\$22.71	\$12.31	\$0.00	\$2.90	\$3.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 + Ln 15	\$161.18	\$79.33	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents		per Current Qtr End		<u>1.5460</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Dien	n	Ln 16 x Ln 17		\$122.64								
19	Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$204.49	\$122.64	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or	0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Rou	utine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.91	\$4.91					4			
23	Nursing Home Provider Fee		(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	<b>#0.5</b> 4	<b>#0.00</b>	¢0.00	<b>#</b> 0.44	<b>#0.00</b>	\$17.10	<b>#0.00</b>	#0.00	<b>#0.00</b>
24				\$26.24	\$8.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$230.73	\$131.15	\$0.00	\$18.91	\$24.38	\$0.00	\$41.44	\$4.14	\$9.38	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days		(Ln 25 - Ln 23) * 0.75	\$160.22									

Provider: Early Memorial Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00140874A		Gro	wth Allowance:	N/A	18.37%			Overall CMI;		1.2350	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho	Q urs per On-Site Day/Q	trly BIMS score uality Incentive:	24.2% 3.39	1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.0731 1.0872	1,4961 1,5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	ſ	. g	g	h	í
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	1	1	1	1			
Type of Facility within Poer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	, All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits	i				1		1	:	. i		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	[ ,		
4 Efficiency Measure Maximums (see tino 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	!		
Base Period Per Diem Allowed Amounts								:			
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202.00	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	\$1,782,433	\$0	\$34,673	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$14,982	(\$72,500)	\$0	(\$447)	\$39.877	\$17,103	\$30,725		\$224	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184		\$0		\$462,732		\$1,813,158	\$0	\$34,897	\$0
8 Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050		i		*,				401,007	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days						:		33,004		•
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350			*	: '		1	41100	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55	· :	:		I				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61,55	\$0.00	\$17,76	\$32.01	!	\$56.57	\$0.00	\$1.09	\$0.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09	,	\$20.56	\$0.00	N/A	40,00
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09	:	\$20.56	\$0.00	8,74	\$0.00
					· 1					(FRV)	. 40.00
Quarterly Per Diem Rate Prior to Add-ons									!	, ,	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.59	\$11.31	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.29	\$72.86	\$0.00	\$21.02	\$27.33	\$0.00	\$24,34	\$0.00	\$8.74	\$0.00
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.0872</u>		1				i :		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.21				:				
19 Quarterly Medicaid CMA Allowed Per Diem	RS = 1.n 18, AliOthr = Ln 16	\$160.64	\$79.21	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
Quarterly Per Diem Add-on Amounts					1						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79			42.50	:			Ψ0.00	•
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.38	\$2.38	:	1		:		!		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10			. :		:	\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$3.70	\$0.00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.66	\$82.91	\$0.00	\$21.24	\$27.33	\$0.00	\$41.44	\$0.00	\$8.74	<del> </del>
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.42		<del></del>	·		·	·			

Provider: Prvdr ID;	East Lake Arbor 00140137A Case Mix Per Diem Rate Effective Date:	8/14/2020		Percentages with Allowance:	Facility Score N/A 50.0%	Add-on Percent 18.37% 5.5%	Cas		:MI) Data I Overall CMI: Medicaid CMI:		Facility Specific 1.2163 1.7997	State- wide 1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	s per On-Site Day/Q		3.90	2.0%	Ortrly Meaid	CMI w RUG \			1.8354	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	The state of the s		а	ь	С	d	e	f	g	g	h	i
CASE N	MIX BASED RATE CALCULATIONS	:		· .					:			
1 Cost C	Center Peer Groups Type of Facility within Peer Group Bod Size Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer 3 Peer	Group Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier iency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Table Value drawn	50.0% 105.0% \$0.37			
Base F	Period Per Diem Allowed Amounts	:				1 :			:	1		
5 As F	iled Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,536,622.00	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6 Audil	t Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$171,960)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7 Cost	Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474		\$236,034	\$50,727
8 To	otal Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750			: 1		:				
To	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9 Net F	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
10 Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2163</u>					1			
11 Ro	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69						1		
12 Net F	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
13 Per E	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
!	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
	erly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$20.53	\$11.15	\$0.00	\$3.00	\$3.41	\$0.00	60.07			
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.46	\$71.84	\$0.00		\$3.41 \$21.97	\$0.00	\$2.97 \$19.14		N/A	N/A
- 1	uarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$147.40	1.8354	30,00	\$15.54	\$21.51	\$0.00	\$ 319,14	\$3.90	\$9.61	\$1.60
	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.86						!		!
	rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.48	\$131.86	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1,60
: : Ouarte	erly Per Diem Add-on Amounts								:		•	
	iency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	•
i	S Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.25	\$7.25	Ψυ.υυ	ψυ,22	φ <b>υ.</b> 41	50.00	\$0.51	:	Φ0,00	٧
	te Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.64	\$2.64					(			;
	sing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10			
	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.52	\$10.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.00	\$142,28	\$0.00		\$22.38	\$0.00	\$36.61	<del></del>	\$9.61	\$1.60
05 0	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.18							1	45.01	· · · · · · ·

1 200	rovider: Eastman Healthcare rvdr ID: 00141974A	Ad 08/14/20 03/31/20 Nurse Hours per	Qtr	th Allowance: ly BIMS score	Score N/A 21.5% 2.70	Add-on Percent 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1568 1.3121 1.3364	State- wide 1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4.003.070	\$1,828,756	\$0	\$522.255	\$219,608	\$263,433	\$572,820	\$33,237	\$562.961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)	100000000000000000000000000000000000000	(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945	10000	310000	1/400 0-10-0000						*
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.46	\$57.26	\$0.00	\$16.35	\$15.12	(with L&H)	\$16.24	\$1.03	\$16.94	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.60	\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	7.84 (FRV)	\$0.52
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	647.05	00.00	***	****	40.70					100000
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc %	\$17.85 \$124.45	\$9.09 \$58.59	\$0.00 \$0.00	\$3.00	\$2.78	\$0.00	\$2.98	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$124.45	1.3364	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.16	\$78.30	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.92	\$81.96	\$0.00	\$19.57	\$18.31	\$0.00	\$36.69	\$1.03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.62								·	

Provide Prvdr II		-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvorii	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 56.1%	18.37% 5.5%			l Overail CMI: Vedicaid CMI:		1.4001	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		2.89	3.0%	Ortrly Mcaid	CMI w RUG \			1.6879 1.7203	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	е	f	<u> </u>	9	h	ì
CASE	MIX BASED RATE CALCULATIONS					:				!		
1 Co:	st Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	. 1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pec	er Group Standards & Efficiency Measure Limits					. i						
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	. !		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 =	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Perîod Per Diem Allowed Amounts					. :						
5   A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853.00	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8 .	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341					i		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Fited Days = 25,662	FY 18 GL-PL Ins Rpt Days						!		25,662		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$114.24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4001</u>		1		!				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56		1				:		!
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	i
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57	:	\$17.04	\$2.96	7.78	\$0.93
On	arterly Per Diem Rate Prior to Add-ons					:					(FRV)	ı
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.85	\$8.00	\$0.00	\$2.31	\$3,41	\$0.00	\$3.13	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.29	\$51,56	\$0.00	\$14.91	\$21.98		\$20.17	\$2.96	\$7.78	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V120.20	1.7203		Q,4.51	Ψ21.50	Ψ0.00	. 420.17	ΨΣ.50	Ψ1.10	90.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.70						:		
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$157.43	\$88,70	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
Qu	arterly Per Diem Add-on Amounts					· ·			:	:		
20 E	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 B	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.88	\$4.88	•	1		l.	l :	i.		
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.66	\$2.66		1						ı
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.60	\$96.77	\$0.00	\$15.13	\$22.39	\$0.00	\$37.64	\$2.96	\$7.78	\$0.93
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.88							·		

ł	rovider: Eatonton Health & Rehabilition Center rovdr ID: 00223473A			owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI:		Facility Specific 1.3434	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score tuality Incentive:	36.8% 3.07	2.5% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1.5221 1.5482	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	i
<u>C</u>	CASE MIX BASED RATE CALCULATIONS	!							:			
1	Cost Center Peer Groups	(see Policy Manual)		: 1	1	2	1	1	1			
	Type of Facility within Peor Group Bed Size Range within Peor Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			•								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		!
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	i i		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: 1		
	Base Period Per Diem Allowed Amounts			:		1		i		:		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$4,078,891.65	\$2,283,700	. \$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,281)	1	\$0	(\$1,812)	\$1,457			1 1	(\$13,040)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0		\$227,769	.,	, , , , , ,	\$100,611	\$209,203	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786						:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days						į	1	28,030		\$
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3434		1		İ	1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$59.01		1		!				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09	i	\$17.65	\$3.59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09	:	\$17.65	\$3.59	8.76	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons	:				1			1	i	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.14	\$10.84	\$0.00	\$2.74	\$3.32	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.70	\$69.85	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5482		1						:
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.14		* · · · · · · · · · · · · · · · · · · ·		:				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.99	\$108.14	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
	Quarterly Per Diem Add-on Amounts					į						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
21		Ln 19 Col b x CPS Add-on	\$2.70	\$2.70						:	43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$3.24		1		I				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	: 1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$205.56	\$114.61	\$0.00	\$17.85	\$21.82	\$0.00	\$38.36	\$3.59	\$8.76	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.35	1		······································			***************************************	I		<del>(</del>
				:								

	ovider: Effingham Extended Care Facility vdr ID: 00140907A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 31.4% 4.91	Add-on <u>Percent</u> 18.37% 2.5% 7.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2538 1.2239 1.2422	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,499,706.00	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons										()	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.79	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2422								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.29	\$105.15	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.36	\$7.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$9.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.38	\$115.14	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$2.93	\$10.34	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.46									_

Provider:			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	-	Facility Specific	State- wide
Prvdr ID:	: 00140929A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score wality Incentive:	34.9%	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:	:	1.1993 1.2548 1.2747	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and insurance
			а	b	C	ď	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS					1						
	Center Peer Groups	(see Policy Manual)	1	. 1	1		1		1	1		
, 0031	Type of Facility within Peer Group	(see Folicy Manual)	!	· All Facilities	. All Facilities	Hosp Based	I All Facilities	All Facilities	All Facilities	1		
. 1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
	·	•			:		7.17 D G G G 7203		· · · · · · · · · · · · · · · · · · ·	İ		
	Group Standards & Efficiency Measure Limits er Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	00.004		50.00			
	er Group Standards: Fercennie er Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	85.0% 100.0%	:	50.0% 105.0%			
	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i .
		:					40			!		
	Period Per Diem Allowed Amounts Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,357,875.00	\$1,503,493	: \$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	, en
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjatmts			. \$0	\$0,050				1		\$0
	st Center Costs After Audit Adjustments	FY12 Audited C/R	(\$47,935) \$3,309,940	1	\$0		\$0	\$0	(\$47,935)		(\$9,028)	\$9,028
	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days		. \$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-Pt. Ins Rpt Days	17,530		:	Y			1	1		
	t Per Diems prior to Case Mix Adistrat to Routine Srvcs	Ln 7 / Ln 8 Col a		000.77		600.04	***			17,600		:
	•	from 4 gtrs of FY12	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35.52	\$0.40	\$8.62	\$0.52
	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10		1.1993						i .		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$71.52		:	_	:	1			:
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	A Company	\$27.76	:	\$35.52		\$8.62	\$0.52
	r Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56		N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09	!	\$20.56	\$0.40	12.49	\$0.52
Quar	terly Per Diem Rate Prior to Add-ons		•					!			(FRV)	
15 Gro	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CM	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.23	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
17 (	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.2747				! :	1			
18 (	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.90	1				1			
19 : Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.48	\$107.90	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
Quar	terly Per Diem Add-on Amounts		•		*							
	iciency 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	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,70	\$2.70		1	75.55	-5.00		: !	\$3.00	
22 Nui	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24	:	1			:	1		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			: :		ı	\$17,10			
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.94	\$0.00	\$0.00	\$0.00	\$0.00		. 1	\$0.00	\$0.00
<del></del>	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.52	\$113.84	\$0.00	***************************************	\$27.33	\$0.00			\$12.49	\$0.52
		4		\$110.04	30.00	<b>\$34.30</b>	\$21.33	30.00	341.44	30.40	\$12.49	\$0.52
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.07	:								

Provider: Prvdr ID:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvar ID:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: https://www.score huality.incentive:	31.0%	18.37% 2.5% 2.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:	:	1.3514 1.5121 1.5396	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	ь	С	ď	е	f	9	g :	h	i
CASE N	MIX BASED RATE CALCULATIONS		• •									
1 Cost	Center Peer Groups	(see Policy Manual)		· : 1	1	2	1	1	!			
	Type of Facility within Peer Group Bod Size Range within Peer Group	focal only manually	•	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1		
	· ·			710 000 0203	, in Dea Oilos	All Ded Dizes	All Ded \$1263	. All Ded Sizes	All Deu Sizes	1		
	Group Standards & Efficiency Measure Limits er Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	:	105.0%			! !
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts		•	:	:	. !			!	1		
1	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075.00	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
1	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440.621)		1	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230
1	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454		\$0	\$418,719	\$192,073	\$337,213	\$859,725	1	\$403,371	\$27,230
8 T	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939			1			1000,120	400,011	<b>\$100,011</b>	91.1,200
, т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days				1 .				24,674		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&H)	\$26.10	1	\$12.25	\$0.83
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	1.3514		1 :		: `		1 :	*	
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$46.88		1		:				
12 : Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07		\$26.10	\$1.60	\$12.25	\$0.83
13 Per	Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Bas	te Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1,60	8.00	\$0.83
Quart	terly Per Diem Rate Prior to Add-ons		1	-	•	1					(FRV)	
15 Gro	with Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$17.67	\$8.61	\$0.00	\$2.33	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16 CM/	A Allowed Per Díem (After Growth Ailowance Add-on)	in 14 + In 15	\$124.32	\$55.49	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
17 C	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1.5396		1				1		:
18 C	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$85.43		:			:			
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.26	\$85.43	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
Quart	terly Per Diem Add-on Amounts		1	:				•	:	1		: :
i	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	 
	1S Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14	:	1	427	:	1	:	\$3.00	l
22 Nur	se Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.71	\$1.71					[			
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		[
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	-	•	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.37	\$89.81	\$0.00	\$15.26	\$19.43	\$0.00	\$41.44	\$1.60	\$8.00	\$0.83
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.45	:		·		<u>-</u>		······································		
		,	7									

	rovider: Evergreen Health and Rehab rvdr ID: 835154999A  Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endir			wth Allowance: trly BIMS score	Facility Score N/A 85.9% 3.50	Add-on <u>Percent</u> 18.37% 5.5% 4.0%			Overall CMI:		Facility <u>Specific</u> 1.4147 1.5451 1.5717	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311.00	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4147</u>								
11	, (- ,	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(/ /(V)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.05	\$0.00	\$2.53	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.07	\$58.33	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5717</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.42	\$91.68	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srv	s) Ln 19 Col b x CPS Add-on	\$5.04	\$5.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$26.97	\$9.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.39	\$100.92	\$0.00	\$16.52	\$22.40	\$0.00	\$41.44	\$1.46	\$6.85	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.97			"				'		

	rovider: Fairburn Health Care Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score		18.37% 1.0% 2.0%	Ortrly Moaid		i Overall CMI: Medicaid CMI: Wght Options:		1.2420 1.6053 1.6341	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS							:				:
1	Cost Center Peer Groups	(see Policy Manual)		1	4	. 2	1	1	. 1			
	Type of Facility within Peer Group	(300 ) Oney (varidar)		. All Facilities	All Excilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		: All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	į i		l :
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	: i						:	:			!
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038.00	\$2,285,794	• \$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	SI
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$192,745)	(\$843)		\$1,847	\$209,487	(\$1,191)				
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0		\$269,487	\$314,215	(\$199,980) \$562,774		(\$61,554)	-
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518	φ2,204,551	. 40	0402,354	\$208,407	\$314,215	\$302,774	\$131,033	\$118,863	\$68,970
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days	54,516						i	24.005		
9	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	34,265 \$3.82	\$3.44	
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	Ψ121.21	1,2420	. 40.00	\$12.54	3,0.51	(With Edit)	. \$10.30	\$3.02	\$3,44	\$2.00
11	·	Ln 9/Ln 10		\$53.30				1	1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11. AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91	:	\$16.30	\$3.82	\$3,44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	:	\$20.56	\$0.00	N/A	\$2.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91	:	\$16.30	\$3.82	8.68	\$2.0
	!		*******			412.01	<b>4.5.5</b> 1		\$10.50	45.02	(FRV)	\$2.0t
	Quarterly Per Diem Rate Prior to Add-ons			:		. :					(, , , , ,	
15	· · · · · · · · · · · · · · · · · · ·	Ln 14 x Grwth Allwnc %	\$18.19	\$9.79	\$0.00	\$2.30	\$3.11	\$0.00	\$2.99	N/A	N/A	N/A
16	( )	Ln 14 + Ln 15	\$131.74	\$63.09	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End		1.6341		1		1	i			
18		Ln 16 x Ln 17		\$103.10	:	1				: :		!
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOihr = Ln 16	\$171.75	\$103.10	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
	Quarterly Per Diem Add-on Amounts	:				4			! !	:		!
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03			···		1 45.51	: !	40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	La 19 Col b x Stfng Add-on	\$2.06	\$2.06				1				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	:		!
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.47	\$106.72	\$0.00	\$15.06	\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.28						***************************************	· · · · · · · · · · · · · · · · · · ·		·
		, <b></b>	J.DZ.20									

	ovider: Fifth Avenue Health Care		Add-on Data and F	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
! Pr	vdr ID: 00140984A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: rly BIMS score rality Incentive:	N/A 39.7% 4.72	18.37% 2.5% 2.0%	Ortrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3973 1.6668 1.6969	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·		·	a	b	c	d	e	f	g	g	h	j
C	ASE MIX BASED RATE CALCULATIONS	•	· · · · · · · · · · · · · · · · · · ·					:		!		
· 1	Cost Center Peer Groups	(see Policy Manual)		1	1	: <sub>2</sub> :	1	. 1	. 1	Y		
:	Type of Facility within Peer Group Bod Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
1	Peer Group Standards & Efficiency Measure Limits				!	1 1						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	: !		
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
. **	Enciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	t .	\$0.37			
	Base Period Per Diem Allowed Amounts	•				:		1				
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 C	GL-PL Rpt \$5,048,574,00	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstn	nts (\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)	1	(\$18,768)	\$27,434
, 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Day	0 11 100			1			•	·		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt D:	ays			1		:	:	32,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$8.00	\$13.28	\$17,11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		<u>1.3973</u>	:							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83		1			:			•
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = L		\$54.83	\$0.00	\$13.28	\$17.11	:	\$17.74	\$4.26	\$15.84	\$0.80
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	The second secon	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 1	13 \$117.61	\$54.83	\$8.00	\$13.28	\$17.11	:	\$17.74	\$4.26	9.59	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons				!	1		!	:	i .	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc	% \$18.91	\$10.07	\$0.00	\$2,44	\$3.14	\$0.00	\$3.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.52	\$64.90	\$0.00	\$15.72	\$20.25	1	\$21.00	\$4.26	\$9,59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	r	1.6969	· i	:			:			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i	\$110.13				:	•			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln	16 \$181.75	\$110.13	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
	Quarterly Per Diem Add-on Amounts	1						!	:			
20	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	:	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)			\$2.75	<b>QU.00</b>	ψο.εε	<b>40.41</b>	20.00	φυ.51		Φ0.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add		\$2.20				İ		. [		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		•	1		ı	\$17,10	(		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 2:		\$5,48	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$205.33	\$115.61	\$0.00	\$15.94	\$20.66	· · · · · ·	\$38.47	\$4.26	\$9.59	-
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	5 \$141.17			······································		-i	÷·	<del></del>		·

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(Mt) Data		Facility Specific	State- wide
Prvdi	r ID: 00207083A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			Overall CMI:		1.1859	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	*** ****	u rs per On-Site Day/Qi	trly BIMS score uality Incentive:	36.5% 3.92	2.5% 3.0%	Onrly Meaid		Medicaid CMI: Wght Options:		1.1800 1.1949	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
j		-	a	Ъ	С	d	е	f	g	. 9	h	i
CAS	SE MIX BASED RATE CALCULATIONS	:		· :						(		
	Cost Center Peer Groups	(see Policy Manual)	:	1	4		1	1	. 1	· .		
	Type of Facility within Peer Group	(300 TORS) Walluary	:	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	. All Facilities	: :		
1	Bed Size Range within Peer Group	:	:			All Bed Sizes	All Bad Sizes		All Bed Sizes			
P	Peer Group Standards & Efficiency Measure Limits			. :				i	:	. !		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	Base Period Per Diem Allowed Amounts								•			
5 :	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783.00	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987	'		1		1		: !		* <b>,</b>
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days		·						49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.78	\$110,69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	,	1.1859		: :		1				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34		. :			:	:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	\$0.00	<b>\$</b> 29.15	\$23.09		\$20.56	\$1.42	14.08	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons					1 1			:	1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.97	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ100.51 ·	1.1949	Ψ0.00	334.00	φ27.55	, 30.00	924.34	\$1.42	\$14.00	\$0.65
18	Ortrly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.15				1		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.47	\$101.15	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
_	Quarterly Per Diem Add-on Amounts	:	·								400	40.00
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>#</b> 0.00					
	BIMS Add-on Per Diem = 2.5% (to Rouline Srys)	Ln 19 Col b x CPS Add-on	\$0.00 \$2.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	!	\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53 \$3.03						: ;		
	Nursing Home Provider Fee	(Fixed Amount)	\$3.03 \$17.10	\$3,03		1		1				
1	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$5.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10 \$17.10	\$0.00	£0.00	60.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.13	\$106.71	\$0.00	\$34.50	\$27.33				\$0.00	\$0.00
				\$100.71	30.00	\$34.50	\$21.33	\$0.00	\$41.44	\$1.42	\$14.08	\$0.65
26 Q	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.77									

	ovider: Folkston Park Care and Rehab		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State-• wide
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		trly BIMS score		18.37% 5.5% 2.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI; Vght Options:		1.3444 1.4655 1.4905	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			i a	b	C	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups			1			_		1			! !
:	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	: T All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities	:		
i '	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	i			
	Peer Group Standards & Efficiency Measure Limits					: 1			, d == d d	:		: !
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%	i .	50.0%			İ
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		!
. !	Base Period Per Diem Allowed Amounts					1		:				
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013.00	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	: <b>5</b> 0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)	and the second	(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	
8	Total Nursing Facility Days As Filed Days = 28,686	FY12 Audited C/R Days	28.699	: 01,012,000	. 40	\$035,045	φ (34,337	9234,030	\$340,236	\$17,004	4337,993	\$20,216
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days	20,035			1		1	! !	27,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123,36	\$63,17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	0120.00	1.3444	Ψ0.00	\$10.75	φ.υ.υ	(mar cur)	913.03	\$0.04	\$12.47	\$0.70
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99	:							ļ
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$46.99	\$0.00	\$13.79	\$13.56	:	\$19.03	\$0.64	\$12.47	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	i	\$71.51		\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.70
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.00	\$46.99	\$0.00	1 :	\$13.56		\$19.03	\$0.64	8.29	\$0.70
: :			1	:							(FRV)	Ψ0211
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	:					1		1 :		í
15	Growth Allowance Percentage = 18.37%		\$17.15	\$8.63	\$0.00	•	\$2.49	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.15	\$55.62	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17	Ŷ.	1.4905						į i		
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	044740	\$82.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS - LII 18, AIROINI - LN 18	\$147.43	\$82.90	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
: '	Quarterly Per Diem Add-on Amounts							!				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$4.56	\$4.56				1		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.66	\$1.66		1			;			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		!	. :		1	\$17.10	!		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$6.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.28	\$89.65	\$0.00	\$16.54	\$16.46	\$0.00	\$40.00	\$0.64	\$8.29	\$0.70
- 00	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.39		1	4	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	·		

	rovider: Fort Gaines Healthcare, LLC rvdr ID: 00140599A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance:	Facility Score N/A 40.0% 2.73	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4652 1.7979 1.8318	State- wide 1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,803,511.75	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)	ψ17,000	(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99 (FRV)	\$1.81
	Quarterly Per Diem Rate Prior to Add-ons										(1714)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.39	\$6.99	\$0.00	\$2.61	\$3.13	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.26	\$45.04	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8318</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.72	\$82.50	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.71	\$88.39	\$0.00	\$17.02	\$20.56	\$0.00	\$41.03	\$0.91	\$18.99	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.71									

Prvdr	r ID: 00141028A	•	Add-on Data and	Percentages wth Allowance:	Score N/A	Percent 18.37%	Cas	e Mix Index (C			Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 47.3%	18.37% 5.5%			f Overall CMI: Medicaid CMI:		1.5800 1.8571	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		2.67	3.0%	Ortrly Moaid		Wedicald Civil: Wght Options:		1.8571	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refated	Taxes and Insurance
			а	ь	C	d	е	f	9	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS	:				1			i			
1 C	ost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1	:		1
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes			
P	eer Group Standards & Efficiency Measure Limits		:			1						
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts					: :						i
5 .	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,307,173.12	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	S0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$70,637)	-
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506.549	\$21,740	\$418,492	\$31.04
8	Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374				**********				\$110,10 <u>2</u>	451,51
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days				·				23,497		;
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.27	\$56.96	\$0.00	\$12.67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16,49	\$1.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5800		1	•	: -			*******	*
11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05					:	!		
12 (	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	r I	\$20.56	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8,07	\$1.2
	handada Bar Blanc Bata Barata A I I	:				:				-	(FRV)	
	tuarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	CAT DO				20.70		:	!	- 44	
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15,38	\$6.62	\$0.00	\$2.33	\$2.76	\$0,00	\$3.67	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	\$109.32	\$42.67	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.2
18	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x En 17		1.8940				ì				
- 1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.47	\$80.82 \$80.82	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.2
:		:	\$147.47	500.02	φυ.υυ	\$15.00	\$17.00	\$0.00	\$23.03	\$0.93	\$8.07	\$1.2
	tuarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45				· {				
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Rouline Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.42	\$2.42								
. 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					· :	\$17.10	i		
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	tuarterly Case Mix Based Per Diem Rate	Łn 19 + Ln 24	\$172.97	\$88.22	\$0.00	\$15.22	\$18.21	\$0.00	\$41.10	\$0.93	\$8.07	\$1.2
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.90			······································		**	***************************************	· · · · · · · · · · · · · · · · · · ·	•	

	rovider: Four County Health Care Center O0405292A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Ho		owth Allowance: atrly BIMS score		Add-on <u>Percent</u> 18.37% 2.5% 4.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4294 1.5009 1.5260	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,426,946.06	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8	Total Nursing Facility Days As Filed Days = 26,251  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days	26,251							27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.71	\$65.92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2.91	\$11.99	\$1.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12	ψ123.71	1.4294	ψ0.00	Ψ14.42	ψ10.13	(Willi Edil)	ψ10.70	Ψ2.51	ψ11.55	Ψ1.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	9.69 (FRV)	\$1.50
	Quarterly Per Diem Rate Prior to Add-ons										(FHV)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.17	\$8.47	\$0.00	\$2.65	\$2.97	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.78	\$54.59	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5260</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$153.49	\$83.30 \$83.30	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
	·			700.00	<b>V</b>	7	******	******	7.5.55	<b>4</b> =10 ·	*****	*****
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08	Ψ0.00	ψ0.22	Ψ0.41	ψ0.00	ψ0.37		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.53	\$89.24	\$0.00	\$17.29	\$19.57	\$0.00	\$37.33	\$2.91	\$9.69	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.32		L	1		L	1	1		

Provide Prvdr II		8/14/2020 03/31/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 47.7% 2.60	Add-on Percent 18.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5814 1.5899 1.6183	State- wide 1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	ì
CASE	MIX BASED RATE CALCULATIONS		•			!			:			: 
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bar	se Period Per Diem Allowed Amounts								:	,		
5 A	s Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$6,028,377.00	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724			1			:			
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days		:		1				35,957		:
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814		}						
¦ 11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$44.11		1				: '		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44,11	\$0.00	\$13.30	\$15.54		\$29.73	\$8.96	\$12.79	\$1.25
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	÷	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	. \$0.00	\$13.30	\$15.54	:	\$20.56	\$8.96	7.91 (FRV)	\$1.25
1	arterly Per Diem Rate Prior to Add-ons  Frowth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	: 047.47						:	1		
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$17.17 \$128.80	\$8.10 \$52.21	\$0.00 \$0.00	\$2.44	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$120.00		\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17	:	1.6183 \$84.49	}					: 1		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$161.08	\$84.49	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
. Qu	arterly Per Diem Add-on Amounts					1						
	ifficiency Add-on Per Diem ((Strid - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	:	\$0.00	
	IIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.65	\$4.65	. 45.50	00.22	40.41	\$0.00			<b>30.00</b>	
	furse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53		1 1		;				
!	lursing Home Provider Fee	(Fixed Amount)	\$17,10			1		i	\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.44	\$7,71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.52	\$92.20	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26 Ou	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.07	<u> </u>		<u></u>			!			J

	wider: Friendship Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIV	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: Irly BIMS score uality Incentive:	N/A 41.2% 3.80	18.37% 2.5% 2.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2454 1.6816 1.7132	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	ь	С	d	е	f	9	g	h	: 1
CA	SE MIX BASED RATE CALCULATIONS											:
. <u> </u>	Cost Center Peer Groups	(see Policy Manual)		1		2	1		!			•
	Type of Facility within Peer Group	(see Folicy Mandai)		l All Facilities	•	Free Standing	7 All Facilities	1 All Facilities	: 1 : All Facilities	; i		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits					1 :				1		
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	1	50.0%	1		•
3 :	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: 1		•
1	Base Period Per Diem Allowed Amounts		:			1		 		.		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356.00	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	50	\$0	(\$1,161)	1 1		(\$7,984)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	1	\$7,368	
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995				*******		. 4,00,002	050,001	Ψ,,300	Ψ14,011
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days				1		1	:	28,896		i
9 :	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	1	\$0.25	\$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454	•	1	*==		:		Ψ0.23	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01		1		•	1	f .		:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41	:	\$16.85	\$3.39	\$0,25	\$0.51
13	Per Diem Standards (After Statewide CMA for Routine Sivos)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09	İ	\$20.56	1	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	1 1	7.69	
	Outside the Property Park Patrick Addition										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %							:	i		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.12	\$10.29	\$0.00	\$2.61	\$4.12	\$0.00	\$3.10		N/A	
17		per Current Qtr End	\$141.18	\$66.30	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51
18	Quarterly Facility Case Mix Index for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7132</u>		1		:		į .		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$188.47	\$113.59 \$113.59	\$0.00	\$16.81	\$26.53	\$0,00	\$19.95	\$3.39	47.00	
	•		\$100.47	9113.35	40.00	\$10.01	\$20.53	20.00	. \$19.55	33.39	\$7.69	\$0.51
	Quarterly Per Diem Add-on Amounts					1		:	í	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$2.84	\$2.84		1		:		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.27	\$2.27		i i		:	!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1 1		:	\$17.10	t .		1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.21	\$119.23	\$0.00	\$17.03	\$26.94	\$0.00	\$37.42	\$3.39	\$7.69	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.33			······································		<del></del>		<u> </u>		<del>-i</del>

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	Case Mix Per Diem Rate Effective Date:	8/14/2020 03/31/20 Nurse h	Q	wth Allowance: trly BIMS score	N/A 29.6%	18.37% 1.0%		Quarterly l	d Overall CMI: Medicaid CMI:		1.3591 1.5188	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/33/20 Nurse F	fours per On-Site Day/Q	uanty incentive:	2.04	2.0%	Orlny Moaid	CMI w RUG V	Wght Options:		1.5481	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	е	f	g	g	ħ	i
CASE I	MIX BASED RATE CALCULATIONS		1			i		İ		1		
-	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
	Type of Facility within Peer Group	(see Folicy Manuar)	4	All Facilities		Free Standing	ז All Facilities	All Facilities	. 1 All Facilities	1		
	Bed Size Range within Peer Group		•	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Poor	Group Standards & Efficiency Measure Limits		•			;						
	er Group Standards; Percentile	(see Policy Manual)	4	90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)	4	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effi	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	· . ·		
Base	Period Per Diem Allowed Amounts					1			!	1		
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	s2.672.213.00	\$1,449,766	. \$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	50
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)		\$0		\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1.445.329	. 50		\$197.632	, ,	\$430,640	\$67,243	(\$6,245) \$4,964	\$13,20
	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20.215	. 41,110,020	. 40	Ψ255,579	Ψ191,032	\$151,020	\$450,040	\$07,243	\$4,904	\$13,20
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days						1		19,906		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3.38	\$0.25	\$0.69
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3591			Ψ(0.2)	(		45.50	40.20	Ψ0.0.
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61	:				i	1 1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21,30	\$3,38	\$0.25	\$0.6
13 : Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	4	\$71.51	\$0.00		\$23.09	ł.	\$20.56	\$0.00	N/A	40.00
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00		\$19.27		\$20.56	\$3,38	6.62	\$0.6
_						:	•				(FRV)	<b>V</b> 0.00
	terly Per Diem Rate Prior to Add-ons	I - 14 - C Albert N										
	owth Allowance Percentage = 18.37%  IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwns % Ln 14 + Ln 15	\$19.67	\$9.66	\$0.00	1	\$3.54	\$0.00	\$3.78		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$137.38	\$62.27	\$0.00	\$17.31	\$22,81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.6
	Orthry Routine Stycs Case Mix Midex for Medicald Residents Orthry Routine Stycs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5481		1			i			
	arterly Medicaid CMA Allowed Per Diem	เกาธรเกา/ RS = Ln 18, AllOlhr = Ln 16	\$171.51	\$96.40 \$96.40		P47.04	800.00				45	
10 000	artery medicalo OMA Allowed Fel Dielli	150 = Ell 10, AllQuii = Ell 10	\$1/1.51	390,40	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.6
	terly Per Diem Add-on Amounts							1				
	ciency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	i i	\$0.00	
	AS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96		1			İ	1		
	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.93	\$1.93								
	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,15	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25   Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.66	\$99.82	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	\$3.38	\$6.62	\$0.65
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.67					<del></del>				
				:								

Provider: Prvdr ID:			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	,	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endi			trly BIMS score	35.7%	2.5% 3.0%	Ortrly Moaid		Medicaid CMI		1.3210 1.5626 1.5898	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	, , , , , , , , , , , , , , , , , , , ,		а	ь	С	d	е	f	g	g	h	l
CASE	MIX BASED RATE CALCULATIONS	:	:						:	1		
1 Cost	Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	. 1				
:	Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities	- 1	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			:	
Peer	Group Standards & Efficiency Measure Limits				1							
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	:	;	
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	1 i		
Base	Period Per Diem Allowed Amounts		:			<u> </u>				! .		,
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,988.65	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7 Co:	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0		\$256,410	1	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226					1	:		*= \-,	40,000
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rot Days	1		i	1		!		30,654		
9 Nel	t Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$131.13	\$72,44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84		\$7.34	\$0.78
10 : 8	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3210				'	:		<b>4</b> 2101	40.10
11   1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$54.84							:	
12 Nel	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.78
13 Per	r Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	1	N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54.84	\$0.00	\$13.90	\$16.59	i	\$16.84		9.50	\$0.78
	terly Per Diem Rate Prior to Add-ons	1						1			(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %						!				
	A Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.76 \$134.45	\$10.07	\$0.00		\$3.05		\$3.09		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$134.45	\$64.91	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	r	1.5898 \$103.19								
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.73	\$103.19	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	
	•			. 4100.10	. 40.00	\$10.40	Ψ15.04	40.00	313.33	33.24	\$9.50	\$0.78
	terly Per Diem Add-on Amounts							:		1 :		
	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	MS Add-on Per Diem = 2.5% (to Routine St		\$2.58	\$2.58	:					1		
,	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10				:		1	,	
	rsing Home Provider Fee al Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10				4.	1	\$17.10	1		
<del>-</del>			\$24.31	\$6.21	\$0.00	†···	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$197.04	\$109.40	\$0.00	\$16.67	\$20.05	\$0.00	\$37.40	\$3.24	\$9.50	\$0.78
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.96								·	

#### FINAL

Pi	ovider: Glen Eagle Healthcare and Rehab vdr ID: 003214231A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Ho		lata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 32.8% 3.06	Add-on Percent 18.37% 2.5% 2.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.6408 1.6693	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	SE MIX BASED RATE CALCULATIONS		a	b	С	<u>d</u>	<u>       e                             </u>		<u> </u>		h	i
<u>5.</u>	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins, Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37% CMA Allowed Per Diem (After Growth Alowance)	FY2018 GL-PL ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$144.41 \$22.08 \$154.63	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$11.82 \$76.18	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$3.04 \$19.61	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41  \$23.09 \$20.78 \$3.82 \$24.60	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sires 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$3.40 \$21.90		\$24.20 \$24.20 9.31	\$0.00 \$0.00 \$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			<u>1.6693</u> \$127.17							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$205.62 \$3.18 \$2.54 \$17.10 \$22.82	\$127.17 \$3.18 \$2.54		\$19.61	\$24.60		\$21.90 17.1	<u> </u>	\$9.31	\$0.00
	Quarterly Case Mix Based Per Diem Rate		\$228.44	\$132.89		\$19.61	\$24.60		\$39.00	\$3.03	\$9.31	\$0.00
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.51			<u> </u>				<u> </u>			

	ovider: Glenn-Mor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Pr	vdr ID: 00141149A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score uality Incentive:	N/A 38.6% 3.39	18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI; Medicaid CMI; Wght Options:		1.4211 1.2340 1.2520	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Piant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	ď	е	f	g	9	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS	: ·	*						!			
1	Cost Center Peer Groups	(see Policy Manual)	•		. 1	. 1	1	: 1		1		:
i	Type of Facility willnin Peer Group	(SSS 1 SNS) Manaday	•	. All Facilities	: All Facilities	Hosp Based	Ali Facilities	All Facilities	All Facilities	:		
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			I
	Peer Group Standards & Efficiency Measure Limits	:		•		:		<i>i</i>				
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%	:	50.0%	:		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
. 4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			ı
	Base Period Per Diem Allowed Amounts	•	•				!					
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934.00	\$1,788,739	\$0	\$812,926	\$197,837	\$336.653	\$786,198	\$12,901	\$434,680	§(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,67
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6.67
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464			:		:				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days	i			: .			!	21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23,48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	1	<u>1.4211</u>		1			:	i .		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04		: 1			!			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	•	\$56.04	\$0.00	\$36,19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	- A - A	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139,92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0,61	10.17 (FRV)	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons	<u>.</u>	4	•					İ		(7	:
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.66	\$10.29	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163,58	\$66.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		<u>1.2520</u>								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	En 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$180.30	\$83.05 \$83.05	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
	Quarterly Per Diem Add-on Amounts		:	:		1	ΨΕ7.55	Ψυ.00	. 427,07	90.01	Q1U.17	90.30
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	I
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08	. 45.00	40.00	ψ0.00	Ψ0.00	φυ.00	( ) ( )	\$0.00	l .
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2,49	\$2.49		: 1			İ			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$5.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.50	\$88.15	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.61	\$10.17	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.05			· · · · · · · · · · · · · · · · · · ·			<u> </u>	·		

Provid			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr I	D: 00141171A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: tirly BIMS score tuality Incentive:	N/A 21.3% 3.01	18.37% 1.0% 2.0%	Ortrly Mcaid	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.1177 1.5487 1.5782	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	e	f	g	9	h	i
CASE	E MIX BASED RATE CALCULATIONS		•					:		ļ .		i
1 Co	st Center Peer Groups	(see Policy Manual)	•	. 1	. 1		1	1	1	:		l
	Type of Facility within Paer Group Bed Size Range within Peer Group	(,,,		All Facilities All Bed Sizes	All Facilities	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			}
Pe	er Group Standards & Efficiency Measure Limits		•			4						:
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%	1 :		
: 4   6	enciency weasure maximums (see line zu for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ba	se Period Per Diem Allowed Amounts								!			i
5 A	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,418,731.99	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)	).	(\$23,365)	\$23,365
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990		:				1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days	•						İ	40,858		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18,40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10 ,	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1177</u>		: · · · · ·						1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$86.90		1			ı	1		1
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	Į	\$20.56	\$0.00	N/A	
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151,05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62	\$0.58
Qu	arterly Per Diem Rate Prior to Add-ons							1	1	1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	\$0.00	\$5.35	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.70	\$84.65	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5782				}		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$133.59	i				i			
19 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$225.64	\$133.59	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
Qu	arterly Per Diem Add-on Amounts		•							j.		
20 E	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	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34						1	-5144	
	lurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.67	\$2.67					:			
	lursing Horne Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$4.01	\$0.00	\$0.00	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.16	\$137.60	\$0.00	\$34.50	\$22.19	\$0.00	\$41.44	\$2.23	\$8.62	\$0.58
26   Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.55							······i		
				;								

	rovider: Glenwood Health and Rehab Center vdr ID: 00220514A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: trly BIMS score		Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4921 1.5795 1.6075	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·	i		a	Ь	, c	d	e	<u>f</u>	g	. g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		•									,
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			!
:	Base Period Per Diem Allowed Amounts		r		:	i :		1	i i			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,176,91	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	1 .		\$1,007,691	\$424,893		\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649			1			:			
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days	•							77,164		
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.95	\$79.75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	\$0.08	\$4.58	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921				:		·		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45	t t	i .		:	:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1,10
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %				70.40	***					
15	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.39 \$126.78	\$9.82 \$63.27	\$0.00 \$0.00		\$2.37		\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$120.70	1.6075	30.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$101.71					:			]
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = Ln 16	\$165.22	\$101.71	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54			\$3,41		. 40.00		ψυ.υυ	!
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$3.05	\$3.05								I
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:				:	\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00			\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ls 19 + Ln 24	\$189.07	\$107.83	\$0.00	<del>†                                      </del>	\$15.68		+	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.98	:		<u></u>		-		<u> </u>		
	<u> </u>		:									

	rovider: Glenwood Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	rvdr ID: 701562744A	0.44.0000		wth Allowance:	N/A	18.37%			d Overall CMI:		1.4106	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho	ں urs per On-Site Day/Q	trly BIMS score uality Incentive:	29.6% 2.74	1.0% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI; Nght Options:		1.6570 1.6873	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	0	0	h	i
С	ASE MIX BASED RATE CALCULATIONS							! !				
1	Cost Center Peer Groups	(see Policy Manual)	i i	1	1	2	1	1	. 1	1		
	Type of Facility within Peer Group	<b>, , ,</b>	i	All Facilities	All Facilities		All Facilities	. All Fecilities	All Facilities	1 *		
[	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		•			:				1		
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%	í	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1 1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
! :	Base Period Per Diem Allowed Amounts					1			i	1		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,182,871,00	\$1.010.543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274.400	- \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0		\$69,122		(\$4,323)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342		\$424,577	\$10,455	\$270,077	\$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349								<b>V</b>	40.12
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL ins Rpt Days	:			1		t.	i	16,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24,47	\$0.65	\$15.57	\$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.4106					: !	1 1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$41.29		: :		:		:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80	: !	\$24.47	\$0.65	\$15.57	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Saves)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96	\$41,29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85	\$2.95
i	Quarterly Per Diem Rate Prior to Add-ons		•			1					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$16.99	\$7.58	\$0.00	\$2.73	\$2.90	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.95	\$48.87	\$0.00	\$17.59	\$18,70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6873				· }				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$82.46					1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.54	\$82.46	\$0.00	\$17,59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
	Quarterly Per Diem Add-on Amounts								1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Co! b x CPS Add-on	\$0.82	\$0.82						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 lhru 23	\$21.55	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.09	\$86.28	\$0.00	\$17.81	\$19.11	\$0.00	\$41.44	\$0.65	\$14.85	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.49	·		·	***************************************	·	<del></del>			i

Provider: Gold City Health and Rehabilitation Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142975A  Case Mix Per Diem Rate Effective Dale: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score uality Incentive:	38.9%	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5030 1.6363 1.6679	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	C	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS		•		:			1		:		
1   Cost Center Peer Groups	(see Policy Manual)			4	2	1	. 1	. 1			
Type of Facility wilhin Peer Group Bod Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	1		:
Peer Group Standards & Efficiency Measure Limits									1		•
2 Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	i i		
3   Peer Group Standards: Multiplier 4   Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Eniciency ineasure maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	•		:				1		1		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187.00	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)	1	(\$25,679)	\$25,679
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8 Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811			1		f				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days			:	<u> </u>			1	33,993		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$103.06	\$60.54	\$0.00	\$9.96	\$11,45	(with L&H)	\$14,11	\$0.58	\$5.61	\$0.8
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,5030				1	-	:		:
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$40.28		1			!			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45	1	\$14,11	\$0.58	\$5.61	\$0.8
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69	\$0.81
Quarterly Per Diem Rate Prior to Add-ons	•						ř		1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.40	\$0.00	\$1.83	\$2.10	\$0.00	\$2.59	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Լπ 15	\$99.80	\$47.68	\$0.00	\$11.79	\$13.55		\$16.70	\$0.58	\$8.69	\$0.8
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6679		1				: [	*	
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.53		•		1		1		:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.65	\$79.53	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
Quarterly Per Diem Add-on Amounts	•	•			1			1			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	: 1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99		: 7	- 21 - 1				\$3.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59	\$	1 · · · · · · · · · · · · · · · · · · ·						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	: 1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.21	\$4.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$153.86	\$83.64	\$0.00	\$12.01	\$13.96	\$0.00	\$34.17	\$0.58	\$8.69	\$0.81
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.57	<del>!···</del>		· · · · · · · · · · · · · · · · · · ·				<del> </del>		÷

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
PrvartL	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: triv BIMS score	N/A 26,3%	18.37% 1.0%			Overall CMI		1.3364	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.10	2.0%	Ortrly Micaid	CMI w RUG V	Aedicaid CMI: Vght Options:		1,4608 1,4871	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			: a	, b	C	d	е	f	Я	g	h	i
CASE	MIX BASED RATE CALCULATIONS					:	•					*****
	<del></del>											
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	<b>1</b>			
1 :	Type of Facility within Peer Group  Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	1		
'_				All Bed Sizes	All Den Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	. All ped Sizes			
	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	00.000	05.004	1		1		
	eer Group Standards: Percennie eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
, - ,	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,		:	*					1		
. 1	se Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
-	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	'	\$6,100,809.08	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457
	ost Center Costs After Audit Adjustments		\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457
	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699					•		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days						:		40,095		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364		1		:	: 			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94			_			i :		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		. \$58.94	\$0.00		\$15.98	:	\$16.78		\$15.52	\$0.68
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	The state of the s	\$23.09	:	\$20.56	\$0.00	N/A	
14 8	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15,24	\$15.98		\$16.78	\$2.79	9.12 (FRV)	\$0.68
	arterly Per Diem Rate Prior to Add-ons					<u> </u>					(1717)	
15 G	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.65	\$10.83	\$0.00	\$2.80	\$2.94	\$0.00	\$3.08	N/A	N/A	N/A
16 CI	MA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.18	\$69.77	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68
17 ←	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4871		1						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$103.75								
19 Q	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.16	\$103,75	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9,12	\$0.68
Qua	arterly Per Diem Add-on Amounts									1		
i '	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04		-	437			:	\$3.00	
4	urse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.08	\$2.08		1						
	ursing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17.10			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	A CONTRACTOR OF THE PROPERTY O	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.91	\$107.40	\$0.00	·····	\$19.33	\$0.00	\$37.33	\$2.79	\$9.12	\$0.68
26 0	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.36			· · · · · · · · · · · · · · · · · · ·		1	· · · · · · · · · · · · · · · · · · ·		,,,	
- 20 000	actory t or order to the Deu Hotel and Leave Days	(1123-1123) 0.13	\$133.36									

	ovider: Grace Health Care of Tucker		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
PA	rdr ID: 00083267A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 30.0%	18.37% 2.5%			Overail CMI:		1.5096	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		2.96	2.0%	Ortrly Meaid		Medicaid CMI: Nght Options:		1.5669 1.5923	1,4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	ď	8	f	g	. 9	h	i
C/	ASE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)	: :	1	1	2	1	1	. 1			
	Type of Facility within Peer Group	. , , .		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group		\$	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		:	
- 1	Peer Group Standards & Efficiency Measure Limits					: E		i			1	
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts									1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909.00	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$45,919)	\$60,057
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815	\$1,067,432	\$91,936	\$567,853	\$60,057
8	Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235					  -		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days						i	1	40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En7/En8Cola	\$150.23	\$75,46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5096</u>		: 1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49,99	\$0.00	\$15.37	\$17.92	[	\$20.56	\$2.27	10.17	\$1.39
l	Quarterly Per Diem Rate Prior to Add-ons				•				1	:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.07	\$9.18	\$0.00	\$2.82	\$3.29	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.74	\$59.17	\$0.00	\$18.19	\$21,21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5923					!	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.22		. :				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$171.79	\$94.22	\$0.00	\$18.19	\$21,21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
!	Quarterly Per Diem Add-on Amounts		•									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00	. :	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36				:				
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.88	\$1.88		:		:	1	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:		1	\$17.10	1 :		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$194.29	\$98.99	\$0.00	\$18.41	\$21.62	\$0.00	\$41.44	\$2.27	\$10.17	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$132.89	:		· · · · · · · · · · · · · · · · · · ·		<del> </del>	·	·		· · · · · · · · · · · · · · · · · · ·

	rovider: Gracemore Nursing Center rvdr ID: 00141182A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 36.6% 3.29	Add-on <u>Percent</u> 18.37% 2.5% 4.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1896 1.3996 1.4208	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350.00	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)	ψου, τον	(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
	Quarterly Per Diem Rate Prior to Add-ons										(//(//	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.40	\$10.86	\$0.00	\$3.38	\$3.08	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.83	\$69.98	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4208								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.28	\$99.43	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$7.00	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.16	\$106.43	\$0.00	\$21.79	\$20.28	\$0.00	\$37.29	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.05			"				<u>'</u>	<u> </u>	

	rovider: Grandview Health Care Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2061	State- wide 1.3617
: · · ·	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		Itrly BIMS score	29.8%	1.0% 2.0%	Ortrly Moald		Medicald CMI:		1.5405 1.5688	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· 	i		а	ь	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											} {
, _	Cost Center Peer Groups	(see Policy Manual)		. 1	: : 1	2	1	. 1	4	1		: !
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	7 All Facilities	All Facilities	All Facilities	1		
1	Bed Size Renge within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes		i :		!
:	Peer Group Standards & Efficiency Measure Limits	· ·			:	1						I
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		i i
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts			1		1			i			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753.00	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)			\$10,190	\$36,24
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	1	\$166,691	\$224,713	,	\$65,910	\$199,256	\$36,24
8	Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651				*********			7.50	*,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days	. ,						i	20.923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3,15	\$9.20	\$1.67
. 10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061				1 .	:		*****	
់ 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81					:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3,15	\$9.20	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18.41	\$18.08	!	\$19.28	\$3.15	9.90	\$1.67
:	Constants Res Biose Bate Brisada Add and			1	i	1		!			(FRV)	:
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.15	644.04		60.00	ea on	£0.00				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$11.91 \$76.72	\$0.00 \$0.00	\$3.38	\$3.32		\$3.54	N/A	N/A	N/A
17	•	per Current Otr End	\$157,45	1.5688	20.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$1.67
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.36	1			:	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201,09	\$120.36	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3,15	\$9.90	\$1,67
		· ·	4.0.,00	(		02	Q21.30	1	. 422.02	40.10	\$3.30	φ1.07
	Quarterly Per Diem Add-on Amounts					1				i		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	f	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20		1			:			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (Io Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,41	\$2.41						1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1	_	· }	\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.02	\$4.14	\$0.00	\$0.00	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.11	\$124.50	\$0.00	\$21.79	\$21.81	\$0.00	\$40.29	\$3.15	\$9.90	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.51	:								
				÷								

	rider: Green Acres Health & Rehab		Add∙on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvo	dr ID: 00083014A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: trrly BIMS score uality Incentive:	N/A 35.7% 3.68	18.37% 2.5% 2.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.1607 1.3352 1.3579	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
. 1 .	Cost Center Peer Groups	(see Policy Manual)	  -	1	1	2	1	1	!			
	Type of Facility within Peer Group	(acc r one) intimati		All Fecilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
!	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits			:		1				!		:
2	Peer Group Standards: Percentile	(see Policy Manual)	I	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	i :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	!	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
£	Base Period Per Diem Allowed Amounts		· !					:		1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,590.52	\$2,447,155	SO.	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)		\$0	(\$1,736)	\$0	\$0	{\$24,372		(\$23,606)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219		\$0		\$276,128	\$300,060	\$589,766		\$478,012	
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34.016	:	•		42, 0, 120	4000,000	0000,700	450,550	\$470,012	\$20,042
	Total Nursing Facility Days GL-Pt. Ins., Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days	!	:		1		;		33,313		I
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	and the second second	\$14.05	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1607		1			<b>\$11.5</b> 4	42.02	314.03	\$0.7
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98		1				1		!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	•	\$61.98	\$0.00	\$14.63	\$16,94		\$17.34	\$2.82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56		N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	,	9.02	\$0.75
	Described Bar Birm But Britan Alla						*		*****		(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc % Ln 14 + Ln 15	\$20.38	\$11.39	\$0.00	\$2.69	\$3.11	\$0.00			N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$143,86	\$73.37	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
18	Qriny Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.3579		: 1			i	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$170.12	\$99.63	#0.00		***					
	additions medicale own fillowed Fell blefil	11.0 - Eli 10, AllOBII - Eli 10	\$170.12	\$99.63	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
(	Quarterly Per Diem Add-on Amounts					1		[				:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49					1			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.99	\$1.99		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.11	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 (	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.23	\$104.64	\$0.00	\$17.54	\$20.46	\$0.00	\$38.00	\$2.82	\$9.02	\$0.75
26 : 1	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$132.10			····				<u></u>		

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr		0/44/4		owth Allowance:	N/A	18.37%			d Overall CMI:		1.2987	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		Itrly BIMS score	41.0%	2.5%			Medicaid CMI:		1.4457	1.4961
	MDS & Mulse his Data per Quarter Ending.	03/31/20 Nuise nou	rs per On-Site Day/Q	uality incentive:	3.69	3.0%	Qriny Meaid	CMI w RUG I	Wght Options:		1,4731	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
····			а	b	C	d	е	f	g	9	ħ	i
CAS	E MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1	1			:
	Type of Facility within Peer Group	(000) (11111221)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	l i		
. :	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	ļ į		:
Pe	eer Group Standards & Efficiency Measure Limits	:				1		1	:			3
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4   1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	!		
Ва	ase Period Per Diem Allowed Amounts					į į						•
5 /	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,305.94	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	: \$0
6 /	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,461)	. so	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	
7 : (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0		\$192,248	\$227,744		1	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060	i						000,000	4200[2.10	. 4,0,01,
	Total Nursing Facility Days GtPl. Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days				1		i	:	21,118		
9 🗀 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48		\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987						1	4.0.0	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27		1		1				
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04	1	\$18.48	\$2.88	\$10.57	\$0.63
13 1	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56		N/A	
14 : 1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 ar Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	1	12.07	\$0.63
	and the Book Base Base Base A A A					1		1			(FRV)	
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	***			1 1111			1	1		
		En 14 x Giwin Allwing %	\$20.96	\$11.07	\$0.00		\$3.50	\$0.00	\$3.39		N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	<del>-</del>	\$150.67	\$71.34	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
18 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4731	!	1		:				
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$105.09		1		1				
19 . (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.42	\$105.09	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
( Qu	uarterly Per Diem Add-on Amounts			:		1						
20   6	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 6	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63		· :					72.30	 
22 [	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on	\$3.15	\$3.15		1						
23   1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1 :			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25 <b>Q</b> ı	uarterly Case Mix Based Per Diem Rate	Łn 19 + Ln 24	\$208.83	\$111.40	\$0.00	\$19.56	\$22.95	\$0.00	\$39.34	\$2.88	\$12.07	\$0.63
26 Qt	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.80			<del></del>		<del></del>	:	<del></del>		<u> </u>
	-			1								

Provid Prvdr			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivai	Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: triy BIMS score	N/A 34,2%	18.37% 2.5%			d Overall CMI:		1.4525	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.87	4.0%	Ortrly Moaid	CMI w RUG	Medicaid CMI: Wght Options:		1.5300 1.5555	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	G	d	е	f	9	g	ħ	<u>.</u> i
CAS	E MIX BASED RATE CALCULATIONS			:		1						:
1 C	ost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1	1		•
1	Type of Facility within Peer Group	, , , , , , ,		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				1
Pe	eer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i.	\$0.37			
Ва	ase Period Per Diem Allowed Amounts											
5 : ,	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt .	\$9,066,530.09	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	. \$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,017)	\$0	\$0	50	\$997	\$1,850	(\$14,601)	a contract of	\$2,737	: \$
7 : (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514			\$1,039,911	\$430,530		\$1,127,943	''	\$1,181,566	
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822	: ',',			* /02,000	4,00,002	\$1,121,010	03,52.	\$1,101,500	Ψ'
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days	,	:				:		29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$284.65	\$140,44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4525			*			45.50	457.10	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96,69		1				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.0
13 i l	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	-	\$23.09		\$20.56	\$0.00	N/A	
14   1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00		\$23.09		\$20.56	1	13.66	
_	and to Burney and the second s						•	i	:	1	(FRV)	. 40.0
	uarterly Per Diem Rate Prior to Add-ons	1 = 44 ·· O = 45 · 45 · = = 06	****			:						
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$26.51	\$13.14	\$0.00	1	\$4.24		\$3.78	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$184.81	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.0
18:	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5555		1		1	1	1		ì
	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	6024.02	\$131.67	***	504 50	407.00					
,3 ,	Conteny Medicaid CMA Allowed Fet Diest	K3 - Eli 16, AilOtta - Eli 16	\$231.83	\$131.67	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
Q	uarterly Per Diem Add-on Amounts					1		:	4	1		
i	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	1	\$0.00	`
21   1	BIMS Add-on Per Diem = 2.5% (to Routine Says)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29		:						
22 1	Nurse Staff Hrs / Quality Add-on Per Diem: 4.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$5.27	\$5.27		:		:	•	•		ſ
23 I	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$8.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qı	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.49	\$140.23	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.33	\$13.66	\$0.00
26 Qı	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.29	<u>:                                    </u>		1			<u>}</u>	1		
		(,	0.00.25									

Provider:	Habersham Home			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	00141292A				wth Allowance:	N/A	18.37%			d Overall CMI:		1.1936	1.3617
		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot	Q urs per On-Site Day/Q	try BIMS score	57.9% 6.53	5.5% 2.0%	Oad Maria		Medicaid CMI;		1.2668	1.4961
		MD3 & NOISE HIS Data per Quarter Ending.	03/31/20 Noise Hot	ars per On-Site Day/Q	uanty arcentive:	0.55	2.0%	цппу мсаю	CMIWRUG	Wght Options:		1.2859	1.5223
Line	Description		Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
#	Dosonphon		Calculations	L	Jeivices	SEIVICES		nouskpilg	& Maint	General	Insurance	Refated	Insurance
	***************************************			а	b	С	ď	е	f	g	9	h	i
CASE N	MIX BASED RATE CALC	CULATIONS					:		:	}			
1 Cost	Center Peer Groups	<u> </u>	(see Policy Manual)	:	1	1	1	1	1				
	Type of Facility within Peer Grou	p .	. , , .		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			1
	Bed Size Range within Peer Gro	up .		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	Group Standards & Efficienc	y Measure Limits					: :						
	r Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		i
	r Group Standards: Multiplier	!	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effic	ciency Measure Maximums (s	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed An	nounts					:		•		į i		
5 As f	Filed Cost Center Costs (Rout	ine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,494,717.33	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	<b>\$</b> 0
6 Aud	iit Adjustments and Reallocatio	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677	1	\$0	<sup>1</sup> \$0
7 Cos	t Center Costs After Audit Adju	ustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	
8 : T	otal Nursing Facility Days	As Filed Days = 30,201	FY12 Audited C/R Days	30,201					1				,
T	otal Nursing Facility Days GL-I	Pl. Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days				:		!	:	27,884		
9 Net	Per Diems prior to Case Mix A	distmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10 B	lase Period Facility Case Mix &	ndex for All Residents	from 4 qtrs of FY12		1.1936		1		1		1		:
11 R	loutine Srvcs Case Mix Adjstd	(CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51		:				1		
12 Net	Per Diems after Case Mix Adj:	strnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$71.51	\$0.00	\$12.19	\$32.81		\$18,07	\$2.81	\$16.35	\$0.00
13 Per	Diem Standards (After Statewid	e CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted A	llowed Per Diem	Lesser of Ln 12 or £n 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23.09		\$18.07	\$2.81	8.05	\$0.00
	laulu Dau Diana Data Data da t	<b></b>										(FRV)	
	terly Per Diem Rate Prior to A wth Allowance Percentage ==		Ln 14 x Grwth Allwno %		245.44	***					:		•
	-	<u>18.37%</u>	Ln 14 x Grwn Airwnc %	\$22.94	\$13.14	\$0.00	\$2.24	\$4.24	\$0.00	\$3.32		N/A	N/A
	A Allowed Per Diem (After Grow		per Current Qtr End	\$158.66	\$84.65	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
	Quarterly Facility Case Mix Inde		En 16 x Ln 17		1.2859		!						
	Ortrly Routine Srvcs Case Mix A arterly Medicaid CMA Allowed F		RS = Ln 18, AllOlhr = Ln 16	6400.00	\$108.85	60.00		****	****				
is Qua	interry wedicald CIVIA Allowed I	-ei Dieili	NO - Eli To, Allouit - Eli Ta	\$182.86	\$108.85	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
Quart	terly Per Diem Add-on Amou	nts			:		: :			•	1		
20 Effic	ciency Add-on Per Diem ((Stnd	I - 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	1	\$0.00	:
	S Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.99	\$5.99				1				•
	se Staff Hrs / Quality Add-on P	er Diem: 2.0% (to Routine Srvcs)	En 19 Col b x Strng Add-on	\$2.18	\$2.18				1				1
23 Nurs	sing Home Provider Fee		(Fixed Amount)	\$17.10	:					\$17.10			!
24 Tota	al Quarterly Per Diem Add-on A	Amounts	Sum of Lns 20 thru 23	\$25.86	\$8.17	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Die	m Rate	Ln 19 + Ln 24	\$208.72	\$117.02	\$0.00	\$14.65	\$27.33	\$0.00	\$38.86	\$2.81	\$8.05	\$0.00
26 Quart	erly Per Diem Rate for Bed H	fold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72		***************************************	÷		<u> </u>	٠	i		· .

1	rovider: Haralson Nursing and Rehab Center	Ad	d-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
「	Case Mix Per Diem Rate Effective Date:	08/14/20		nn Allowance: ly BIMS score		18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.5429 1.5682	1.4014
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hours per				3.0%	Ortrly Mcaid		Wght Options:		1.5958	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g		h	i
<u>c</u> .	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(and Deline Manual)		1	,	2						
Ι'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$6
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,04
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,04
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audiled C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1,5429</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	Table to the same of the same	\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.24	\$43,53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8,16	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage # 18.4%	Ln 14 x Grwth Allwnc %	\$16,98	\$8.00	\$0.00	\$2.32	\$2.25	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$124.22	\$51.53	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.8
17	Quarterly Facility Case Mix Index for Medicald Residents	per Gurrent Qtr End		1.5958								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.92	\$82.23	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.8
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting 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	\$22.79	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.71	\$87.29	\$0.00	\$15.17	\$14.91	\$0.00	\$45.53	\$5.82	\$8.16	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120,46			.1	1		1			

1	ovider. Harborview Health Systems of Jesup		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00141611A Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance:	N/A	18.37%			d Overall CMI:		1.4862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	-,,	rs per On-Site Day/Q	trly BIMS score uality Incentive:	18.5% 4.39	0.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5729 1.6002	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	е	f	g	g	h	i ,
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											!
: 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	4			İ
1	Type of Facility within Peer Group	(add t dita) manasiy		All Facilities	All Facilities	1 7 .	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group	!		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			1
1	Peer Group Standards & Efficiency Measure Limits							:		1		,
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i ·		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			I .
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
:	Base Period Per Diem Allowed Amounts				!	1		1		:		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458.00	\$2,276,415	, , \$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45.181	\$675,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,467)	\$0	: \$0	50	\$0	\$0	(\$36,467)	1	(\$31,133)	\$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672		, ,		\$644,224	\$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014	!					:			
)	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpi Days			i			1	:	30,579		- 1
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.66	\$71,11	\$0.00	\$14.35	\$11.52	(with L&H)	\$23.11	- 1	\$20.12	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4862				, ,				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85		1		i				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23,11	\$1,48	\$20,12	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52	İ	\$20.56	1	7.18	\$0.97
				ř							(FRV)	
١	Quarterly Per Diem Rate Prior to Add-ons							1	i	: !		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$17.33	\$8.79	\$0.00		\$2.12		1		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.24	\$56.64	\$0.00	\$16,99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6002		1		!		1		٠.
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.64				!	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.24	\$90.64	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
	Quarterly Per Diem Add-on Amounts							1				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00				1		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		•			1	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.98	\$3.25	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.22	\$93.89	\$0.00	\$17.21	\$14.05	\$0.00	\$41.44	\$1.48	\$7.18	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119,34		••••	·	~~~		·	<u> </u>		
		,	¥110.04									

Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 03/31/20   Nurse Hours per On-Site Day/Quality Incertive: 0.0.6   3.0%   Qrirly Meal CMI w RUG Wight Options: 1.6558   1.6558		ovider: Harborview Health Systems - Pierce		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
Control   Cont	Pη						18.37%					1.2039	1.3617
Description   Sources   Calculations   Totals   Services   Servi													1.4961
Carbon   Passer   P		MDS & Norse Hrs Data per Quarter Ending:	03/33/20 Nurse	Hours per On-Site Day/QI	namy incentive:	6.06	3.0%	Orliny Moaid	CMI w RUG	Wght Options:	-	1.6558	1.5223
CASE MIX BASED RATE CALCULATIONS   Cost Center Peer Groups   (see Policy Manual)   Fig. Cost Center Peer Groups   (see Policy Manual)   Fig. Cost Center Peer Groups   Fig. Cost Center Peer Groups   Fig. Cost Center Peer Groups   Fig. Cost Center Peer Groups   Fig. Cost Center Peer Groups Standards & Efficiency Measure Limits   Fig. Cost Center Peer Group Standards & Efficiency Measure Limits   Fig. Cost Center Manual Peer Group Standards & Efficiency Measure Limits   Fig. Cost Center Cost Standards & Efficiency Measure Limits   Fig. Cost Center Cost Standards & Efficiency Measure Limits   Fig. Cost Center Cost Standards & Efficiency Measure Limits   Fig. Cost Center Cost Center Cost Standards & Efficiency Measure Limits   Fig. Cost Center Cost Center Cost Standards & Efficiency Measure Standar	Line #	Description		Totals			Dietary		Operatns	and	í	and	Taxes and Insurance
Cost Conter Peor Crouge   Cost Center Peor Crouge   Cost Center Peor Crouge   All Facilities   All Facilit				а	ь	С	d	е	<u> </u>	g	g		i
Cost Conter Peer Croups   (ase Policy Manual)   7	C/	ASE MIX BASED RATE CALCULATIONS								:			
Type of Facility within Prest Group   Bast Serial Region within Prest Group   Bast Serial Region within Prest Group   Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure   Peer Group Standards & Efficiency Measure   Peer Group Standards & Efficiency Measure   Peer Group Standards & Milpilities   Peer Group Standards & Peer Group Standards & Milpilities   Peer Group Standards & Peer Group Standards & Milpilities   Peer Group Standards & Peer	-					:		_	l !		1		
Bed Size Range with Peer Group   All Bed Sizes   All Bed Siz	. ' :	•	(see Policy Manual)		•		: • •	•		1	1	,	
Per Group Standards & Efficiency Measure Limite   20 005   20 09	1 :								,		1		
2 Pear Group Standards: Proceeding   (see Pelicy Ministry)   100.0%   100		- · · · · · · · · · · · · · · · · · · ·		i	7.11 Dea 0/203	. Am Deo Oitos	All DCG Bizes	All Dea 3/263	All Ded 2/203	All Ded Sizes			
See Peter Name   100.0%   10	2		(see Ballou Manual)	(	00.09/	90.00/	00.00	95.09/		50.000			
Base Period Facility Massurum (see ine 20 for actual)   (see Policy Manual)   S0.53   S0.00   S0.22   S0.41   S0.37	3							* ·-	!		: 1		
Base Period Per Diem Allowed Amounts   As Filed Crost Center Costs   Rodine & Special Struct Combined   As Filed Crist Center Costs   FY12 CRF Audit Adjamets   (\$156,005)   (\$188,194)   50   \$586,84   \$30,740   \$51,224   (\$70,159)   (\$160,005)   (\$168,005)   (\$188,194)   50   \$580,845   \$30,740   \$51,224   (\$70,159)   (\$160,005)   (\$160,00	4								ļ.		i i		
As Filed Cast Center Costs (Routline & Special Sirves Combined) As Filed PY12 CR. FY2 2018 GL-PL Rpt Audit Adjustments and Reallocations to Cost Center Costs FY12 CRI Audit Adjustments and Reallocations to Cost Center Costs FY12 Audited CRI S5,932.548 Total Nursing Facility Days As Filed Days = 28.836 Total Nursing Facility Days As Filed Days = 28.836 FY12 Audited CRI Days Total Nursing Facility Days As Filed Days = 28.836 FY12 Audited CRI Days Total Nursing Facility Days As Filed Days = 17.258 FY18 CRI Days Total Nursing Facility Days As Filed Days = 17.258 FY18 CRI Days FY18 CRI Da	1	Race Period Per Diem Allowed Amounts							!	1			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CR Audit Adjustment (\$156,005) (\$186,194) \$0 \$56,884 \$30,740 \$12,922 \$(\$70,159) \$45,310 \$253,554 \$7 Cost Center Costs After Audit Adjustments FY12 Audited CR Days 2,8338 \$1 Total Nursing Facility Days As Filed Days = 26,836 FY12 Audited CR Days 2,8338 \$1 Total Nursing Facility Days CL-PL Ins. Rpt As Filed Days = 17,258 FY18 CL-PL Ins Rpt Days = 17,258 FY18 CL-PL	5		As Filed FY12 C/R -FY 2018 GL-PI	Pnt \$5,000 554,00	\$2.46E.40E	: 60	\$704 40¢	eac ca4	erno ann	£4 000 000	CATOAO	<b>6000.050</b>	**
Total Nursing Facility Days GL-PL Ins. Rpt	1 1	,					1 1	-		1 ' '			\$0
Total Nursing Facility Days	1	·									' ·		\$16,098
Total Nursing Facility Days GL-PL Ins. Rpt	1 :	•			\$2,869,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,098
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs				20,030		:			ļ	1	'		
Base Period Facility Case Mix Index for All Residents   from 4 qtrs of FY12   1,2039	ο :	_ , , , , , , , , , , , , , , , , , , ,		6000 04	6440.05			****					
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		· · · · · · · · · · · · · · · · · · ·		\$222.01		\$0.00	\$31.33	\$22.68	(With L&H)	\$44.67	\$2.63	\$9.45	\$0.60
12   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   S91,91   S0,00   S31,33   S22,68   S44,67   S2,63   S9,45     13   Per Diem Statewide CMA for Routine Srvcs   per Peer Group Limits   S71,51   S0,00   S29,15   S23,09   S20,56   S0,00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   S161,74   S71,51   S0,00   S29,15   S22,68   S20,56   S2,63   14,61     14   Counterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allowance Percentage = 18,37%   Ln 14 x Grwth Allowance Percentage = 18,37%   Ln 14 x Grwth Allowance Percentage = 18,37%   N/A   N/A     15   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 Ln 15   S188,18   S84,65   S0,00   S34,50   S26,85   S0,00   S24,34   S2,63   S14,61     17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   Ln 16 x Ln 17   S140,16     18   Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   S243,69   S140,16   S0,00   S34,50   S26,85   S0,00   S24,34   S2,63   S14,61     Quarterly Per Diem Add-on Amounts   Efficiency Add-on Per Diem   (Sind - Alwd) x .75, up to max, or 0)   (see Policy Manual)   S0,31   S0,00   S0,00   S0,00   S0,00   S0,00   S0,00   S0,00     21   BIMS Add-on Per Diem = 1,0% (to Routine Srvcs)   Ln 19 Cot b x SPR Add-on   S1,40		* 1	•	:							1	,	
13 Per Diem Standards (Alter Statewide CMA for Routine Strycs) per Peer Group Limits \$71.51 \$0.00 \$29.15 \$23.00 \$20.56 \$0.00 NIA 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$161.74 \$71.51 \$0.00 \$29.15 \$22.68 \$20.56 \$2.63 \$14.61 \$    Quarterly Per Diem Rate Prior to Add-ons   CFRV    15 Growth Allowance Percentage = 18.37%	1 1	The state of the s	•					***	1				
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$161.74   \$71.51   \$0.00   \$29.15   \$22.68   \$20.56   \$2.63   14.61	, ,	• • • • • • • • • • • • • • • • • • •		:					:	*			\$0.60
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allows		·											
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwanc %   \$26.44   \$13.14   \$0.00   \$5.35   \$4.17   \$0.00   \$3.78   \$N/A	144	base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$161.74	\$73.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63		\$0.60
CMA Allowed Per Diem (After Growth Allowance Add-on)	:	•	1							1		(·····)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.6558 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 St40.16 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Sum of Lns 20 th		Growth Allowance Percentage = 18.37%		\$26.44	\$13.14	\$0.00	\$5.35	\$4.17	\$0.00	\$3.78	N/A	N/A	N/A
18		•	En 14 + Ln 15	\$188.18	\$84.65	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
19 Quarterly Medicaid CMA Allowed Per Diem		•	F +		1.6558		i :				1		
Quarterly Per Diem Add-on Amounts   Color					\$140.16		· .			ř	1	!	
20 Efficiency Add-on Per Diem ([Stind - Alwed] x .75, up to max, or 0) (see Policy Manual) \$0.31 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.69	\$140.16	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
21 BIMS Add-on Per Diem =   1.0% (to Routine Srvs)   Ln 19 Col b x CPS Add-on   \$1.40   \$1.40     22 Nurse Staff Hrs / Quality Add-on Per Diem:   3.0% (to Routine Srvcs)   Ln 19 Col b x Sting 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   \$23.01   \$5.60   \$0.00   \$0.00   \$0.31   \$0.00   \$17.10     30.00   \$0.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00     30.00   \$0.00   \$0.00     30.00     30.00   \$0.00     30.0		Quarterly Per Diem Add-on Amounts	:	,						i	1		
21   BIMS Add-on Per Diem = 1.0% (to Routine Srvs)   Ln 19 Col b x CPS Add-on   \$1.40   \$1.4	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00	1	\$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     \$23.01     \$5.60     \$0.00     \$0.00     \$0.31     \$0.00     \$17.10     \$0.00	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40	:	1				1 :	- J	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.01 \$5.60 \$0.00 \$0.00 \$0.31 \$0.00 \$17.10 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.20	\$4.20	:	for the second		:	1	<u> </u>		
24 Total Quarterly Per Diern Add-on Amounts Sum of Lns 20 thru 23 \$23.01 \$5.60 \$0.00 \$0.00 \$0.31 \$0.00 \$17.10 \$0.00 \$0.00	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	1		
	24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.60	\$0.00	\$0.00	\$0.31	\$0.00	1	1 .	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$266.70	\$145.76	\$0.00	\$34.50	\$27.16	\$0.00	\$41.44			\$0.60
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$187.20	26	Quarterly Per Diem Rate for Red Hold and Leave Dave	8 n 25 - L n 221 * A 76	6407.00		:	:			· · · · · · · · · · · · · · · · · · ·	<del></del>		

Provider: Harborview Health Systems - Satilla		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142755A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: trfy BIMS score uality Incentive:	N/A 13.2% 5.90	18.37% 0.0% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Nght Options:		1.3231 1.6294 1.6588	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·		а	b	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	}								;		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1				1
Type of Facility within Peer Group	(see Folicy (Maridar)		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	1 All Facilities			i
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	4	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	:							}			;
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	; 		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	!		
Base Period Per Diem Allowed Amounts					i i		1	1	i		
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,325,269.00	\$4,064,367	\$0	\$876,299	\$26,317	\$611 020	\$1,498,239	\$47,490	\$200,637	· \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)		\$0	\$59,048	\$40,146	\$18.277	(\$92,677)	ф47,450		
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	1	\$1,405,562	\$47,490	(\$16,117) \$184,520	\$16,117
8 Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718		40	. 40000,047	500,,000	4030,137	Ψ1,400,002	\$47,450	\$104,520	\$10,111
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rot Days	421.10			:		i.		22,515		
9 Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2,11	\$5.64	\$0,49
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	• • • •	1.3231		1	4=			<b>Q</b> 2	Ψ0.04	. 40.40
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69		:			:			:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21,29	1	\$42.96	\$2.11	\$5.64	\$0.49
13 Per Diem Standards (After Statewide CMA for Routine Sivcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	i	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29	*	\$20.56	\$2.11	11.21	\$0.49
Overted, Bar Dian Bata Balanta Add and	•									(FRV)	,
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26,08	640.44			***					
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.84	\$13.14 \$84.65	\$0.00	\$5.25	\$3.91	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$181.84		\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
18 Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6588 \$140.42		:		i				
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$237.61	\$140.42	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
		4201.01	\$140.42	30.00	955.04	\$25.20	\$0.00	\$24.34	<b>⊅2.11</b>	\$11.21	\$0.49
Quarterly Per Diem Add-on Amounts			:				:	•			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	I
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		;		:	;			!
Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$4.21	\$4.21		!		i i		1		:
Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10			ı
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.55	\$144,63	\$0.00	\$34.06	\$25.61	\$0.00	\$41.44	\$2.11	\$11.21	\$0.49
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.84					·····	+			·

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr	ID: 00140621A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 35.6%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.2365 1.4956	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.23	2.0%	Ortrly Moaid	CMI w RUG V			1.5222	1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
!			а	b	С	ď	е	f	9	g	h	<u> </u>
CAS	SE MIX BASED RATE CALCULATIONS	:				1				1		
1 i C	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	i : <b>1</b>			
	Type of Facility within Peer Group	(add t dilay trianally		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
	Bed Size Renge within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		!
P	eer Group Standards & Efficiency Measure Limits	:						:		1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3 :	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			I
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
В	ase Period Per Diem Allowed Amounts			:								i
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521.00	\$2,542,032	SO	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)	n i	(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
. !	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days				1		:	1	39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2365</u>					1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£π9/Lπ10		\$57.03		! :		:				!
, ,	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43	1	\$23.40	\$1.50	\$10.78	\$0.92
	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43	:	\$20.56	\$1.50	8.73	\$0.92
Q	uarterly Per Diem Rate Prior to Add-ons					1		:	1		(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$19.16	\$10.48	\$0.00	\$2.80	\$2.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$134.55	\$67.51	\$0.00		\$13.53	\$0.00	•	\$1.50	\$8.73	1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qfr End		1.5222						750	43,70	. 45.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.76		1			}			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$169.80	\$102.76	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
G	uarterly Per Diem Add-on Amounts	:				1				1		•
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00	1	\$0.00	· }
	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57	<b>40.00</b>	W0.22	ψ <b>0.</b> 41	ψο,σο	. 40.00		φ0.00	ŀ
	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Sling Add-on	\$2.06	\$2.06		: :		1		1		
	Nursing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17,10	1		!
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	i	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$192.69	\$107.92	\$0.00	· <del>!</del> ·······	\$13.94	\$0.00	\$41.44	\$1.50	\$8.73	\$0.92
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.69			1		<u> </u>	1	<u> </u>		1
		(	\$101.00									

Pr	ovider; Harrington Park vdr ID: 003165726A H/B ?: No Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending;	<b>08/14/20</b> 03/31/20 Nurs	· · · · · · · · · · · · · · · · · · ·	ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive;	Facility Score N/A 27.6% 3.81	Add-on Percent 18.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.2173 1.2337	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	OF BLY DAOFD SAFE OALOW A TONG		a	ь	СС	<u> </u>	e	f	<u>g</u>		h	į
	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$172.06 \$23.31 \$198.13	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2337 \$99.20	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$37.80 \$37.80 \$37.80 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routinc Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$216.92 \$0.99 \$2.98 \$17.10 \$21.07	\$99.20 \$0.99 \$2.98		\$20.70	\$25.97		\$23.12 17.10	\$2.76	\$37.80	\$7.37
	Quarterly Case Mix Based Per Diem Rate		\$237.99	\$103.17		\$20.70	\$25.97		\$40.22	\$2.76	\$37.80	\$7.37
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165,67		·····					l .			

Facility Add-on Facility State-Provider: Hart Care Center Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00167857A Growth Allowance: N/A 18.37% Base Period Overall CMI: 1.5289 1.3699 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 41.0% 2.5% Quarterly Medicaid CMI: 1.6078 1.4961 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Mcaid CMI w RUG Wght Options: 1.6367 1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	/ Para Maran										
	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
-	Efficiency weasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$78,118)	\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.06	\$9.08	\$0.00	\$2.50	\$2.15	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.90	\$58.52	\$0.00	\$16.12	\$13.83	\$0.00	\$21.48	\$1.32	\$7.13	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6367		\$1011E	ψ10.00	Ç0.00	φ21.40	Ψ1.02	φ7.13	\$0.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.16	\$95.78	\$0.00	\$16.12	\$13.83	\$0.00	\$21.48	\$1.32	\$7.13	\$0.50
	0											40.00
20	Quarterly Per Diem Add-on Amounts	(and Delias Manuel)	04.50	***	****							
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	The state of the s	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10			20020.0000
	Total Quarterly Per Diem Add-on Amounts		\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.05	\$101.57	\$0.00	\$16.34	\$14.24	\$0.00	\$38.95	\$1.32	\$7.13	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.21									

	ovider: Hartwell Health and Rehabilitation vdr ID: 00141413A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 18.1% 3.63	Add-on <u>Percent</u> 18.37% 0.0% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3222 1.3905 1.4117	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275.00	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
	Quarterly Per Diem Rate Prior to Add-ons										()	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.93	\$11.22	\$0.00	\$5.35	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.84	\$72.30	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4117</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.61	\$102.07	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.61	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.73	\$106.68	\$0.00	\$34.50	\$17.05	\$0.00	\$41.44	\$2.81	\$8.18	\$0.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.22									_

Provider:	Hazlehurst Court Care and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	00059705A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score uality Incentive:	N/A 27.6% 2.70	18.37% 1.0% 3.0%	Qrtrly Mcaid		l Overall CM1: Medicaid CMI; Vght Options:		1.4494 1.5346 1.5622	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d	е	f	g	g	h	i
CASE M	IX BASED RATE CALCULATIONS			i				i i		!		
1 Cost C	Center Peer Groups	(see Policy Manual)	•	. 1		2	1	. 1	. 1			
	Type of Facility within Peer Group	(see Folicy Maildar)		All Facilities	All Facilities	Free Standing	I All Facilities	. All Facilities	. All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				:
Peer G	roup Standards & Efficiency Measure Limits		í	: i								
	Group Standards: Percentile	(see Policy Manual)	· I	90.0%	90.0%	90.0%	85.0%		50.0%	:		
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	į	105.0%	'		
4 Effici	ency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base P	Period Per Diem Allowed Amounts			'		1						
5 As Fi	iled Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,073,423.00	\$1,404,920	\$0	\$314.016	\$112.585	\$178,967	\$808.389	\$15,264	\$239,282	· : \$0
6 Audit	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$20,163	(\$30,996)	\$0	1 1 1	\$7,959	(\$18,391)	\$56,501	0.0,20	(\$8,960)	
	Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586		\$0		\$120,544	\$160,576	\$864.890	\$15,264	\$230,322	\$11,751
8 To	stal Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818			:	*,*	1		010,20	4200,022	, 0.1,101
To	tal Nursing Facility Days GtPL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rot Days				1		:		24,682		
9 Net F	Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10 Ba	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494		1 1				,	7	
11 Ro	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45		į į				i i		
12 Net F	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88	1	\$39.64	\$0.62	\$10.56	\$0.54
13 Per 0	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
14 Base	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78	\$0.54
	ole Des Blace Date Calcute and and					1				i i	(FRV)	
	rrly Per Diem Rate Prior to Add-ons th Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16,79	67.00	E0.00		40.03					
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.12	\$7.98 \$51.43	\$0.00 \$0.00	\$2.66 \$17.16	\$2.37	\$0.00	\$3.78	N/A	N/A	: N/A
	uarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$116.12	1.5622	\$0.00	\$17.16	\$15.25	\$0.00	\$24,34	\$0.62	\$6.78	\$0.54
	trly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$80.34				1				
	terly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.03	\$80.34	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54
	·			430.04	40.00		\$13.23		Ψ24.34	Ψ0.02	φ0.70	. 30.54
	rly Per Diem Add-on Amounts	. 5, 1, 1, 0			_			(		· i		
	ency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80		:				: !		
	e Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41				i.				•
	ing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10			
	Quarterly Per Diem Add-on Amounts		\$21.47	\$3.74	\$0.00	·	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarte	rly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.50	\$84.08	\$0.00	\$17.38	\$15.66	\$0.00	\$41.44	\$0.62	\$6.78	\$0.54
26 Quarte	rly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.05							·		

Provider: Heardmont Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00082981A			wth Allowance:	N/A	18.37%			Overall CMI:		1.1433	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q ors per On-Site Day/Qi	triy BIMS score	36.8% 2.63	2.5% 3.0%	Ortely Manie	Quarterly M CMI w RUG V	Medicaid CMI:		1.4102 1.4352	1.4961 1.5223
MIDO & Noise ras Data per Quarter Enoling.	03/3 #/20 Noise ##00	is per On-site bayron	uamy incentive.	2.03	3.076	Qritty Ivicato	CMI W RUG V	vgni Options:		3.4352	1.5223
Line Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PŁ Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	e	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	:						!		:		
1 Cost Center Peer Groups	for Orbo Mount			1		1			i ;		!
Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	7 All Facilities	All Facilities	1 All Facilities			1
Bed Sizo Range within Peer Group			All Bod Sizes		All Bed Sizes	All Bed Sizes	All Bod Sizes		i .		
Peer Group Standards & Efficiency Measure Limits					:			 	1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			l I
Base Period Per Diem Allowed Amounts	•		:		:			İ	:		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340.00	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)	1	(\$33,466)	\$27,826
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8 Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589								. ,	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-Pt Ins Rpt Days							:	14,740		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$130.18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	\$3.50	\$8.57	<sup>6</sup> \$1,35
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.1433		. :			1			!
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10		. :			3 1	:		
12 Net Per Diems after Case Mix Adjstmt to Routine Savcs	RS = Ln 11, AllOthr = Ln 9	•	\$50.10	\$0.00	\$16.11	\$23.75	:	\$19.62	\$3.50	\$8.57	\$1.35
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	1
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56	\$1.35
Quarterly Per Diem Rate Prior to Add-ons							i			(FRV)	
15 Growth Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc %	\$20.00	\$9.20	\$0.00	\$2.96	\$4.24	\$0.00	\$3.60	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.33	\$59.30	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22		\$7.56	\$1.35
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	V141.55	1.4352	40.00	\$13.01	Ψ21.00	20.00	φευ.εε	\$3.50	\$1.00	. φ1.33
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.11								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.14	\$85.11	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
Ougstarly Day Diam Add an America	,									4-1	
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	<b>60.00</b>	¢0.00			***	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$1.12	\$2.13	\$0.00	\$U.ZZ	\$0.00	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x St(ng Add-on	\$2,13	\$2.13 \$2.55		1						
23 Nursino Home Provider Fee	(Fixed Amount)	\$2.55 \$17.10					1	64740	:		
24 : Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$5.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.47	\$0.00	¢e.00	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19+ in 24	\$190.04	\$90.32	\$0.00	\$19.29	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·		\$ 150.04	\$20.32	\$0.00	\$19.29	\$21.33	\$0.00	\$4U.69	\$3.50	\$7.56	\$1.35
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.71									

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurse		lata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 15.9% 3,13	Add-on Percent 18,37% 0,0% 3,0%		Quarteri	(CMI) Data iod Overall CMI; y Medicaid CMI; 3 Wght Options;		Facility Specific 1.2133 1.5790 1.6074	State- wide 1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	đ	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS    Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)   Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$140.45 \$23.31 \$164.55	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.6074 \$129.25	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$13.41 \$13.41 \$13.41 (FRV Rale)	
Quarterly Medicaid CMA Allowed Per Diern Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% a Routine Stys):		\$213,39	\$129.25		\$20.70	\$25.97		\$23.12	\$0.79	\$13.41	\$0.15
BIMS Add-on Per Diem = 0.0% o Routine Srvs): Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$0.00 \$3.88 \$17,10 \$20.98	\$0.00 \$3,88					17.10			
Quarterly Case Mix Based Per Diem Rate		\$234.37	\$133.13		\$20.70	\$25.97		\$40.22	\$0.79	\$13,41	\$0.15
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.95								1		7

•	e Healthcare -Forsyth, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID: 00141017			Gro	owth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.3861	1.3617
	Case Mix Per Diem Rate Effective Date:	-,,		trly BIMS score	34.0%	2.5%		Quarterly I	Medicaid CMI:		1.5015	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	urs per On-Site Day/Q	uality Incentive:	3.09	3.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.5286	1.5223
Line De	escription	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1		***************************************	a	<u>b</u>	С	d	е	f	g	g	h	i
CASE MIX BASED	RATE CALCULATIONS		1					, ,				
1 Cost Center Peer (	Groups	(see Policy Manual)	1	1	1	2	1	1	1			 
: Type of Facilit	y within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Rang	ge within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		'
Peer Group Standa	ards & Efficiency Measure Limits			:					1	1		
2 Peer Group Stand		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	ĺ	50.0%			
3 Peer Group Stand		(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%			
4   Efficiency Measur	e Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per D	em Allowed Amounts	•		:						1		
5 As Filed Cost Cert	ter Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363.00	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6 Audit Adjustments	and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0 :	(\$324)	(\$893)	(\$62,665)	i i	(\$31,328)	\$31,328
7 Cost Center Costs	After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8 Total Nursing F	acility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359	:				:		1 :		
Total Nursing F	acility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days	i.			:			1	24,586		
9 Net Per Diems pri	or to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10 Base Period Fa	cility Case Mix Index for All Residents	from 4 ctrs of FY12		<u>1.3861</u>					1	1		
11 Routine Srvcs (	Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$55.14						1	•	:
12 Net Per Diems aft	er Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13 Per Diem Standar	ds (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case	Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25	\$1.24
Quarterly Per Dien	Rate Prior to Add-ons	i								1 :	(FRV)	
15 Growth Allowance		Ln 14 x Grwth Allwnc %	\$19.30	\$10.13	\$0.00	\$2.34	\$3.63	\$0.00	\$3.20	N/A	N/A	. N/A
	Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$139.86	\$65.27	\$0.00		\$23.37	\$0.00	\$20.60	1	\$7.25	\$1.24
1	y Case Mix Index for Medicaid Residents	per Current Qtr End		1.5286	. 40.00	\$10.00	\$25.07	30.00	\$20.00	\$7.03	\$7,25	31.24
•	Prvcs Case Mix Adjsto (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.77		1				1		
	d CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.36	\$99.77	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
Quarterly Per Dien	Add-on Amounte			:	· ·			:		1		
, , -	Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41		en e=		***	
21 BIMS Add-on Per		Ln 19 Col b x CPS Add-on	\$1.53	\$2.49	20.00	. ⊅U.22	\$U.41	\$0.00	\$0.37	1	\$0.00	
i	Quality Add-on Per Diem : 3.0% (to Routine Sivs)	Ln 19 Col b x Sting Add-on	\$2.49	\$2.49								:
23 Nursing Home Pro		(Fixed Amount)	\$17.10	. \$2.99		: :				; ·		
	r Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47		\$0.00	de or
	Based Per Diem Rate	En 19 + Ln 24	\$198.47	\$105.78	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$23.78	\$0.00	\$38.07	\$7.05	\$7.25	\$0.00
<del></del>				\$103.10	30.00	310.30	\$43.10	\$0.00	\$30.07	\$1.05	\$7.25	\$1.24
26 Quarterly Per Dien	Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.03									

Provider: Heritage Healthcare -	-Grandview, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PrvdFID: 00141215A	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 32.1%	18.37%			Overall CMI:		1.4300	1,3617
N.	MDS & Nurse Hrs Data per Quarter Ending:		ت rs per On-Site Day/Q		3.15	2.5% 3.0%	Ortrly Moaid	Uuaneny i CMI w RUG !	Medicaid CMI: Nght Options:		1.4076 1.4311	1.4961 1.5223
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	d	е	f	q	a	h	i
CASE MIX BASED RATE CALCUI	LATIONS							!	: :	:		· · · · · · · · · · · · · · · · · · ·
1 Cost Center Peer Groups		(see Policy Manual)			1	2	1	1				
Type of Facility within Peer Group		(See I Only Manual)		All Facilities	. All Facilities	Free Standing	ı All Facilities	All Facilities	. 1 All Facilities	1		!
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	: .		
Peer Group Standards & Efficiency M	leasure Limits					1		1				
2 Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		1
3 Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i f	105.0%	!		
4 Efficiency Measure Maximums (see li	ine 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37	1		!
Base Period Per Diem Allowed Amou	ints					1 1			!	:		•
5 As Filed Cost Center Costs (Routine &		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099.00	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719.325	\$173,230	\$250,437	\$0
6 Audit Adjustments and Reallocations t		FY12 C/R Audit Adjstmts	(\$96.625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)			(\$43,856)	
7 Cost Center Costs After Audit Adjustn		FY12 Audited C/R	\$4,888,474		\$0	\$471,835	\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8 Total Nursing Facility Days	As Filed Days = 32,702	FY12 Audited C/R Days	32,702	42,000,001		4-11,000	4000,000	\$320,034	\$020,405	\$175,250	\$200,581	. 443,030
Total Nursing Facility Days GL-PL I	•	FY 18 GL-PL Ins Rpt Days	02,102			1			1	24,441		
9 : Net Per Diems prior to Case Mix Adist	•	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19,16	\$7.09	\$6.32	\$1.34
10 Base Period Facility Case Mix Index	x for All Residents	from 4 qtrs of FY12	***************************************	1,4300	. 40.00		420.41	1107117 2201 17	Ψ13.10	\$1.05	\$0.32	. <b>.</b>
11 Routine Srvcs Case Mix Adjstd (CN	MA) Net Per Diem	Ln 9 / Ln 10		\$57.72		į .				1		
12 Net Per Diems after Case Mix Adjstmt	t to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14,43	\$20.41		\$19.16	\$7.09	\$6.32	\$1,34
13 Per Diem Standards (After Statewide CA	VA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allow	ed Per Diem	Lesser of Ln 12 or Ln 13	\$130.32	\$57.72	\$0.00	\$14,43	\$20.41	1	\$19.16		10.17	\$1.34
Ouartaria Bar Dian Bata Brianta Add		•				1					(FRV)	
Quarterly Per Diem Rate Prior to Add  15 Growth Allowance Percentage =	-ons 18,37%	Ln 14 x Grwth Allwnc %	***********	040.00						1		
16 CMA Allowed Per Diem (After Growth Al		Ln 14 + Ln 15	\$20.52	\$10.60	\$0.00		\$3.75	\$0.00	\$3.52	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index fo	•	per Current Oir End	\$150,84	\$68.32	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$10.17	\$1.34
18 Orthy Routine Srvcs Case Mix Adjs		Ln 16 x Ln 17		1.4311				!	:	[		
19 Quarterly Medicaid CMA Allowed Per		RS = Ln 18, AllOthr = Ln 16	\$180.29	\$97.77 \$97.77	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	640.47	
,	J. J		\$100,29	497.11	30.00	. 411.700.	<b>324.10</b>	\$ \$0.00	\$22,08	\$7.09	\$10.17	\$1,34
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Al	hadle 75 on to may as 0)	(see Policy Manual)	#4 F0					1		. i		
21 BIMS Add-on Per Diem =		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per E	2.5% (to Routine Srvs)		\$2.44	\$2,44		1				į į		
23 Nursing Home Provider Fee	JIETH / 3.0% (to Routine Sives)	Ln 19 Cot b x Stfng Add-on (Fixed Amount)	\$2.93	\$2.93				1	;	i .		
24 : Total Quarterly Per Diem Add-on Amo	wate	Sum of Lns 20 thru 23	\$17.10	***	***				\$17.10			
25 Quarterly Case Mix Based Per Diem F		Sum oi ths 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
		£11 187 LN 29	\$204.29	\$103.67	\$0.00	\$17.30	\$24.57	\$0.00	\$40.15	\$7.09	\$10.17	\$1.34
26 Quarterly Per Diem Rate for Bed Hold	and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.39	:								

	ovider: Heritage Inn of Barnesville odr ID: 00143613A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 50.6% 3.06	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3499 1.4948 1.5182	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065.08	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days								39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$125.29	\$68.61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3499</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	7.05 (FRV)	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons										(/////	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.47	\$9.34	\$0.00	\$2.52	\$2.75	\$0.00	\$2.86	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.06	\$60.17	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5182</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.24	\$91.35	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.54	\$100.55	\$0.00	\$16.48	\$18.13	\$0.00	\$35.89	\$2.82	\$7.05	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.33			"				'	<u> </u>	

Provider: Heritage Inn of Sandersville Prvdr ID: 00142678A		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,3183	State- wide 1,3617
Case Mix Per Diem Rate Effective Da	ite: 8/14/2020		rly BIMS score	46.3%	5.5%			Medicaid CMI:		1,3183	1.3517
MDS & Nurse Hrs Data per Quarter Endi	ng: 03/31/20 Nurse Hou	s per On-Site Day/Q	uality Incentive:	3.51	3.0%	Ortrly Moaid	CMI w RUG \			1.5080	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	<u> </u>	а	b	c	<u>d</u>	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS					1						:
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	4	   a		.		
Type of Facility within Peer Group	(see Foncy manuary	!	All Facilities	All Facilities		All Facilities	: All Facilities	All Facilities			
Bed Size Range within Peer Group		i	All Bed Sizes	All Bed Sizes		All Bod Sizes		All Bed Sizes	1		:
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)	!	100.0%	100.0%	100.0%	100.0%		105.0%			:
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			!
Base Period Per Diem Allowed Amounts								1			1
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,685.33	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$21,030)	\$21,905
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	S0	\$318,355	\$151,297	\$219,451		\$57,351	\$267,469	\$21,905
8 Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700		:			(				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days				:		,	!	21,510		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10 Base Period Facility Case Mix Index for All Residents	from 4 clrs of FY12	:	1.3183		1		i.				
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94					!	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09	1	\$16.61	\$2.67	\$12.33	\$1.01
13 Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09	}	\$16.61	\$2.67	10.12	\$1.01
Quarterly Per Diem Rate Prior to Add-ons					:		:		: 1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.61	\$9.73	\$0.00	\$2.69	\$3.14	\$0.00	\$3.05	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$133.72	\$62.67	\$0.00	1	\$20.23	\$0.00	1	\$2.67	\$10.12	\$1.01
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0.00.72	1.5080		\$17.00	\$20.23	40.00	3,5.00	\$2.01	\$10.12	: \$1.01 :
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94,51	:	1		:	İ	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.56	\$94.51	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
Quarterly Per Diem Add-on Amounts							:	1			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	to 20	
21 BIMS Add-on Per Diem = 5.5% (to Routine Sr		\$1.53 \$5.20	\$5.20	. 40,00 :	φυ.22	\$ <del>0.4</del> 1	\$0.00	\$0.37	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.84	\$3.20				:	!			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φc.0 <del>4</del>		i .			\$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	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.23	\$103.08	\$0.00		\$20.64	\$0.00	\$37.13	\$2.67	\$10.12	\$1.01
			+		1	423.04	40.00	401.10	42.07	¥10.12	. 91.01
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.35									

	ovider: Heritage Inn of Statesboro		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Pr	vdr ID: 00142161A Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: triv BIMS score	N/A 24.3%	18.37% 1.0%			Overall CMI		1.2962	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	*******	rs per On-Site Day/Q	,	3.25	2.0%	Ortrly Moaid	CMI w RUG V	Viedicaid CMI Wight Options:		1.7490 1.7829	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	·		а	ь	c	· d ,	e	f	g	1 g	h	i
С	ASE MIX BASED RATE CALCULATIONS								· · · · · · · · · · · · · · · · · · ·			
_ ∣ 1	Cost Center Peer Groups	(see Policy Manual)		1	1	. 2	1	! ! 1				
	Type of Facility within Peer Group Bed Size Range within Peer Group	, , ,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	i i		
	Peer Group Standards & Efficiency Measure Limits	· · · · · · · · · · · · · · · · · · ·						:		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	ì	50.0%	1		
3	Peer Group Standards: Multiplier  Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0% \$0.00	100.0%	100.0%	l .	105.0%	1		
•		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	40						! !	1		
5	As Filed Cost Center Costs (Routine & Special Styce Combined)		\$3,625,557.37	i i i i i i i i i i i i i i i i i i i	\$0	\$400,417	\$189,018	\$260,754	\$492,323		\$251,933	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$17,099)		\$0	(\$1,779)	\$0	(\$187)	(\$16,912		(\$27,410)	\$29,189
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
٥	Total Nursing Facility Days As Filed Days = 28,133 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL ins Rpt Days	28,133	:				:				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$128.20	\$69.05	\$0.00	64447	\$15.98	(with L&H)	***	28,694	27.00	***
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$120.20	1.2962	\$0.00	\$14.17	\$15.98	(WIIN LGM)	\$16,90	\$3.08	\$7.98	\$1.04
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.27				1				•
12	Net Per Diems after Case Mix Adistmt to Routine Saves	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98	1	\$16.90	\$3.08	\$7.98	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	W/A	\$1.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00		\$15.98	1	\$16.90	1 1	7.06	\$1.04
	·				41.02		Ų.0.55		:	00.00	(FRV)	Ψ1.0-
4-	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$18.43	\$9.79	\$0.00		\$2.94	\$0.00	\$3.10		N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$129.93	\$63.06	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7829</u> \$112.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.30	\$112.43	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
:	Quarterly Per Diem Add-on Amounts							1				:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37	: 1	\$0.00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12		41.00		43.11			i v	40.00	İ
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25		:			1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					1	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,00	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.30	\$116.33	\$0.00	\$16.99	\$19.33	\$0.00	\$37.47	\$3.08	\$7.06	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.15					:		<del></del>		<u> </u>

	rovider: High Shoals Health & Rehabilitation		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	MI) Data		Facility Specific 1.3425	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hor		trly BIMS score	33.3% 3.24	2.5% 3.0%	Ortrly Moaid		dedicald CMI		1.1546 1.1690	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS			:		1						
- 1	Cost Center Peer Groups	form Deliver 64s		1		;	_					İ
	Type of Facility within Peer Group	(see Policy Manual)	•	All Facilities	1 All Englision	2 Free Standing	7 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Poor Group			All Bed Sizes		All Bed Sizes	All Bad Sizes		: All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits		i .			:				!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			ł
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts							:	 			
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039.00	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	Sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)		(\$83,346)	1 1 1 1 1 1 1	(\$27,601)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945		\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611	,-,,	**	1 400 11101	40 /0(02 )	0 120,002	4010,540	450,751	000,400	415,12
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL ins Rpt Days				1 1				33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425		: -	*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ψ2.00	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$78.79		1		:	İ	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	40.07
14	. Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$2.92	15.49	\$0.57
	Overdeels Dee Diese Date Drive to Add and		4			1					(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	604.54	640.44	***					1		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$24.54 \$177.09	\$13.14	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17	· ·	per Current Qtr End	\$177.09	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
18		En 16 x En 17		1.1690 \$98.96		1		;				:
19		RS = Ln 18, AliOthr = Ln 16	\$191.40	\$98.96	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	£45.40	
	· · · · · · · · · · · · · · · · · · ·		\$151.40	230.50	\$0.00	\$21.75	\$21.55	, au.uu	\$24.54	\$2.92	\$15.49	\$0.57
	Quarterly Per Diem Add-on Amounts			:		1		i	!			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	: 1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47		: !			ı	1		
22	Nurse Staff Hrs / Quality Add-on Per Diern : 3.0% (lo Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97		į i		į				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1 :		İ
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$5.44	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.94	\$104.40	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.92	\$15.49	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.63			·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	1	-i		4.

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	00448456A Case Mix Per Diem Rate MDS & Nurse Hrs Data per			owth Allowance: trly BIMS score uality Incentive:	32.1%	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2298 1.4121 1.4371	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
. !			3	ь	; с	i d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS				:							
1 Cost	Center Peer Groups	(see Policy Manua		1	:	,	1					
	Type of Facility within Peer Group	(aca r one) manea		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	١.		
	Bed Size Range within Peer Group	•		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	1		
Peer	Group Standards & Efficiency Measure Limits	:	•		:				:	1		
	er Group Standards: Percentile	(see Policy Manua	n	90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manua	i)	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manua	1)	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts				:					1		
5 As F	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018	GL-PL Rot \$3,142,256,00	\$1,574,830	So So	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	50
6 Aud	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjst	tmts (\$55,257)	(\$7,300)	\$0	1 1	(\$2,265)	1 1			(\$40,283)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/F		\$1,567,530	\$0		\$214,937	\$198,025	\$490,696	1 .	\$197,171	
	Total Nursing Facility Days As Filed Days =	22,914 FY12 Audiled C/R D			. **		<b>42.7,007</b>	4.30,020	Q-30,030	\$02,451	φ137,171	, 401,001
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days =		· ·	:	:			:		23,824		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21,41	\$2.62	\$8.60	\$1.65
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY1;	· · · · · · · · · · · · · · · · · · ·	1.2298		410.55	Ψ.σ.σ.	(11/12/ 20/19	\$21,41	\$2.02	\$0.00	\$1.00
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63					£	1		
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr =	Ln 9	\$55.63	\$0.00	\$13.90	\$18.02	:	\$21.41	\$2.62	\$8.60	\$1.65
	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Lim	ils	\$71.51	\$0.00		\$23.09	:	\$20.56		\$6.60 N/A	\$1.00
	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln		\$55.63	\$0.00		\$18.02		\$20.56		9.77	\$1.65
	·	:	ψ,22.10	<b>400.00</b>	. 40.00	\$13.30	\$10.02		\$20.50	\$2.02	9.77 (FRV)	\$1.00
	terly Per Diem Rate Prior to Add-ons								!	1	. ,	
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwin	<b>V10.00</b>	\$10.22			\$3.31	\$0.00	\$3.78		N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.01	\$65.85	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr En	d	1.4371				:				
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63	:	1		:				
19 Qua	arteriy Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = I	Ln 16 \$170.79	\$94.63	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
Quart	terly Per Diem Add-on Amounts							:	1	1		
20 Effic	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manua	1) \$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00	1	\$0.00	
21 : BIM	IS Add-on Per Diem = 2.5%	(lo Routine Srvs) Ln 19 Col b x CPS Ad	ld-on \$2.37	\$2.37	:	:		: · · · · · · · · · · · · · · · · · · ·		1	44.00	
22 Nurs	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine S	rvcs) Ln 19 Col b x Stfng Ad	fd-on \$2.84	\$2.84	:	: .						
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10		:	1			\$17.10	1		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru	23 \$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.26	\$100.37	\$0.00	\$16.67	\$21.74	\$0.00	\$41.44	\$2.62	\$9.77	\$1.65
26 Ouest	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.7	7E \$400.00		<u>.</u>	1		·	<del></del>	:		
wualt	tony . C. Dieni Nate tor Dea Hora and Leave Days	(LII 20 - LII 23) (L.I	75 \$132.87									

Case Mix Par Diem Rate Effective Date   2474 (2020)   Numer House per 0-Ste Dept-Quality   2,74 (4)%   Commission Coll Ave PLUS Wiley Options:   1,9927   1,5927		Provider: Jesup Health Care Prvdr ID: 00142689A		Add-on Data and I	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific 1.4500	State- wide 1.3617
NOS & Nurse His Data per Quarter Ending   03/31/20   Nurse House per On-Site Day/Quality Incentive:   2.74   4.0%   Only Media CMIN PLIC Vigility Originates   1.522			8/14/2020										1.3617
Description   Sources   Totals   Sources   Services   Services   Services   Deletary   Househord   Operation   And   Services   Operation   Operatio								<b>Qrtrly Mcaid</b>				1.9607	1.5223
Description   Sources   Totals   Sources   Services   Services   Services   Deletary   Househord   Operation   And   Services   Operation   Operatio	_								Plant	Admin		Property	Taxes
Cascustons     Cascustons     Cascustons     Cascustons     Cascustons     Cascustons     Cascustons     Cascustons     Cascustons	Lir	ine Beautistics	Sources /	Totals			Dietary	,		-			and
CASE MIX BASED RATE CALCULATIONS	#	# Description	Calculations		Services	Services		Houskprig	& Maint	General	insurance	Related	Insurance
Cost Center Peer Groups   Service Peer Groups   Peer Size Program Peer Group   Peer Size Program Peer Group Standards & Efficiency Measure Limits   All Facilities   All Facil				а	b	С	d	е	f	g	g	h	i
Type of Facility within Peer Group   Red Ster Ramps within Peer Group   Red Ster Ramps within Peer Group   Red Ster Ramps within Peer Group   Red Ramps wi		CASE MIX BASED RATE CALCULATIONS											
Type of Facility within Peer Group   Red Ster Ramps within Peer Group   Red Ster Ramps within Peer Group   Red Ster Ramps within Peer Group   Red Ramps wi	.	1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Peer Group Standards & Efficiency Measure Limits   (see Policy Manual)   (see Policy M			(222 23)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
2   Peer Group Standards: Percentile   (see Policy, Manual)   (see		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
3   Peer Group Standards: Multiplier   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Amounts   See Period Per Diem Allowed Per Diem (Sind Allowed Per Diem   See Policy Manual)   See		Peer Group Standards & Efficiency Measure Limits											
A   Efficiency Measure Maximums (see line 20 for actual)   See Policy Manual)   See Policy													
Base Period Per Diem Allowed Amounts   Sase Period Costs (Routine & Special Sivics Combined)   As Filed Cost Center Costs (Routine & Special Sivics Combined)   As Filed FY12 CIR Audit Adjustments   Sase Period Facility Case Mix Indigent to Routine Sivics   Sase Period Facility Days   Sase Period Facility Da		and the state of t											
S   As Filed Cost Center Costs (Routine & Special Sives Combined)   As Filed Cost Center Costs (Routine & Special Sives Combined)   As Filed Cost Center Costs (Routine & Special Sives Combined)   As Filed Cost Center Costs (Routine & Special Sives Combined)   As Filed Cost Center Costs (Routine & Special Sives Combined)   As Filed Cost Center Costs A   Filed Cost Center Costs (Routine & Special Sives Combined)   Filed Cost Center Costs A   Filed Cost Center Costs A   Filed Cost Center Costs (Routine & Special Sives Cost Center Costs A   Filed Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Costs (Routine & Special Sives Cost Center Cost Center Cost Cente	-	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Cost Center Costs After Audit Adjustments Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 24,507 Total Nursing Facility Days Net Per Diems prior to Case Mix Adjustment to Routine Svros Base Period Facility Case Mix Adjustment to Routine Svros Ln 7 (Ln 8 Col a \$12.428 \$65.67 \$0.00 \$12.62 \$17.46 \$19.95 \$0.97 \$7.09 \$10.00 \$12.62 \$17.46 \$19.95 \$0.97 \$7.09 \$10.00 \$12.62 \$17.46 \$19.95 \$0.97 \$10.00 \$12.62 \$17.46 \$19.95 \$0.97 \$10.00 \$10		Base Period Per Diem Allowed Amounts											
Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 24,507   Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 24,507   Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 24,507   Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 24,507   Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 21,290   ST73,714   \$12	į	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,416,685.96	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
Total Nursing Facility Days   As Filed Days = 24,507   FY12 Audited C/R Days   Z4,507   Total Nursing Facility Days   As Filed Days = 21,290   FY 8 GL-PL Ins Rpt Days   St. P7 18 GL-PL	6	Audit Adjustments and Reallocations to Cost Center Costs	,	, , ,	(\$314,489)		\$429	(\$2,281)	\$7,477	(\$42,462)			\$12,782
Total Nursing Facility Days GL-PL Ins. Rpt	- 1 -	7 Cook Conto Cook 7 Mail 7 Mai			\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8	, , ,	•	24,507									
10   Base Period Facility Case Mix Index for All Residents   from 4 qtrs of FY12   Ln 9 / Ln 10   S45.29     11   Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem   S45.29   S.0.00   \$12.62   \$17.46   \$19.95   \$0.97   \$7.09   \$10     12   Net Per Diems after Case Mix Adjistnt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$45.29   \$0.00   \$12.62   \$17.46   \$19.95   \$0.97   \$7.09   \$10     12   Per Diems Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$103.39   \$45.29   \$0.00   \$12.62   \$17.46   \$19.95   \$0.97   \$6.58   \$10     15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwanc %   \$17.51   \$8.32   \$0.00   \$2.32   \$3.21   \$0.00   \$3.66   N/A   N/A     16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$120.90   \$53.61   \$0.00   \$14.94   \$20.67   \$0.00   \$23.61   \$0.97   \$6.58   \$10     17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current Off End   \$1.9607   \$105.11   \$			' '										
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$124.28	•	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
Net Per Diems after Case Mix Adjusted to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   per Peer Group Limits   \$12.62   \$17.46   \$19.95   \$0.97   \$7.09   \$13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$10.339   \$45.29   \$0.00   \$12.62   \$17.46   \$23.09   \$20.56   \$0.00   N/A   \$14   \$23.09   \$20.56   \$0.00   N/A   \$14   \$15		·	•										
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   Sase Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$103.39   \$45.29   \$0.00   \$12.62   \$17.46   \$19.95   \$0.07   6.58   \$19.95   \$0.97   6.58   \$10.00   \$10		, , ,											
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$103.39   \$45.29   \$0.00   \$12.62   \$17.46   \$19.95   \$0.97   6.58   \$(FRV)		, and the second						•				•	\$0.52
Comparison of Comparison of			· ·										
Courterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwnc %   \$17.51   \$8.32   \$0.00   \$2.32   \$3.21   \$0.00   \$3.66   N/A   N/A	1	14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97		\$0.52
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Efficiency Add-on Per Diem = 2.5% (to Routine Srvcs) 21 Routine Srvcs Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 25 So. 1 So. 20 So. 25 So.		Quarterly Per Diem Rate Prior to Add-ons										(FHV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents	1	15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.51	\$8.32	\$0.00	\$2.32	\$3.21	\$0.00	\$3.66	N/A	N/A	N/A
18	1	16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.90	\$53.61	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
19   Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$172.40   \$105.11   \$0.00   \$14.94   \$20.67   \$0.00   \$23.61   \$0.97   \$6.58   \$   Quarterly Per Diem Add-on Amounts	1	17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9607								
Quarterly Per Diem Add-on Amounts           20         Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)         (see Policy Manual)         \$1.53         \$0.53         \$0.00         \$0.22         \$0.41         \$0.00         \$0.37         \$0.00           21         BIMS Add-on Per Diem =         2.5% (to Routine Srvs)         Ln 19 Col b x CPS Add-on         \$2.63 </td <td>1</td> <td>18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem</td> <td>Ln 16 x Ln 17</td> <td></td> <td>\$105.11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1	18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.11								
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$	1	19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.40	\$105.11	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$0.30 \$0.00 \$		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.20 \$4.20	2	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	2		Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
00 Niverina Home Denvides Fee	2	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	2	23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.46 \$7.36 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$	2	24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$197.86 \$112.47 \$0.00 \$15.16 \$21.08 \$0.00 \$41.08 \$0.97 \$6.58 \$	2	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.86	\$112.47	\$0.00	\$15.16	\$21.08	\$0.00	\$41.08	\$0.97	\$6.58	\$0.52
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$135.57	2	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.57			1		ı	1		l	

#### FINAL

P	ovider: Joe-Ann Burgin Nursing Center vdr.ID: 00141633A H/B ?: Yes		m Rate Effective Date: Ita per Quarter Ending:	08/14/20 03/31/20 Nurse Ho		ita and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 32.7% 2.94	Add-on Percent 18.37% 2.5% 3.0%	Oddi	Quarte	x (CMI) Data riod Overall CMI: rly Medicaid CMI: IG Wght Options:		Facility Specific 1.2689 1.1873	State- wide 1,3617 1,4961
			nu per dunter enumg.	03/01/20 (10/36 )10/	,	Day/Quality incernive.	2.34	3,076	Unity	MCald CMI W RC	G vvgnt Options:		1.2033	1.5223
Line #	Description		wood ordermansky	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					<u>a</u>	b	C	d	e	f	g		h	1
<u>C/</u>	SE MIX BASED RATE CALCULATIONS				r			,						
	Cost Center Peer Groups per Selected Op	tions				1	1	2	1	1	1			
	Type of Facility within Peer Group					All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measu	ire 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 201	_		FY2010 C/R -FY 2018 GL-PL Rpt		2,218,749		659,341	196,091	287,566	544,060	33,164	125,937	8,186
	Inflation (July 2012) @	2.06%				45,706		13,582	9,963		11,208			169
	Patient Days			FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
	Total Nursing Facility Days GL-PL Ins. Rpt			FY 18 GL-PL Ins Rpt Days								24,337		
	Inflated NHC/ Patient Days					78.75		23,40	17.17		19,31	1.36	4.38	0.29
	Base Period Facility CMI for all Residents	<b>5</b>				<u>1.2689</u>								
	Routine Services Case Mix Adjusted Net P				1	\$62,06		]						
	Net Per Diems After Case Mix Adjustments	i			\$127.97	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
	Per Diem Standards					\$72.49		\$25.97	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Pe	er Diem			\$136.00	\$62.06		\$23.40	\$17,17		\$19.31	\$1.36	12.40	0.29
	Quarterly Per Diem Rate Prior to Add-Ons												(FRV Rale)	
	Growth Allowance 18,379	=			\$22.40	\$11,40		\$4.30	\$3.15		\$3.55			
	CMA Allowed Per Diem After Growth Allow				\$158.39	\$73.46		\$27.70	\$20.32		\$22,86	\$1.36	\$12,40	\$0.29
	Quarterly Facility Case Mix Index for Medic					<u>1.2033</u>								
	Orlly Routine Srvcs Case Mix Adjstd (CMA					\$88.39								
	Quarterly Medicaid CMA Allowed Per Diem	1			\$173.32	\$88.39		\$27.70	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
	Quarterly Per Diem Add-On Amounts				1									
	Efficiency Add-On Per Diem (Std - Allwd x .)	, ,			\$1.53	\$0.53		\$0.22	\$0,41		\$0.37			
	BIMS Add-on Per Diem =	2.5%	(to Routine Srvs)		\$2.21	2.21								
	Nurse Staff Hrs / Quality Add-on Per Diem =	3.0%			\$2.65	2.65								
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts				\$ 17.10	1					\$ 17.10			
	Quarterly Case Mix Based Per Diem Rate				\$23.49	***		*****			444			
	Leave/Bed Hold Per Diem Rate (Per Diem Rate -			\$134.78	\$196.81	\$93,78		\$27.92	\$20.73		\$40.33	\$1.36	\$12.40	\$0.29

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:		01/4/0000		wth Allowance:	N/A	18.37%			d Overall CMI:		1.7250	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q urs per On-Site Day/Q	trly BIMS score uality Incentive:	28.1% 3.69	1.0% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1,6431 1,6732	1.4961 1.5223
							,		,		1.0101	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	ì
CASE	MIX BASED RATE CALCULATIONS											t
1 Cost	t Center Peer Groups	(see Policy Manual)	I	1	1	2	f	1			·	
	Type of Facility within Peer Group	(acc) only mandal)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
. !	Bad Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer	r Group Standards & Efficiency Measure Limits								:			
2 Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			}
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
Base	e Period Per Diem Allowed Amounts					1						
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862.00	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	. \$
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85.03
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0		\$260,899		\$1,004,246	\$162,252	\$898,839	\$85.03
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009					1	:		4555,000	1
( '	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days				: :		:		43,852		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35		\$20.90	\$1.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250			•		i		420.00	1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71		1		1	:			
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.9
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86	
Outo	rterly Per Diem Rate Prior to Add-ons					1					(FRV)	
- /	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwng %	\$18.05	\$8.21	\$0.00	\$3.06	\$3.00	\$0.00	60.70			:
	MA Allowed Per Diem (After Growth Aflowance Add-on)	Ln 14 + Ln 15	\$135.83	\$52.92	\$0.00	\$19.72	\$3.00 \$19.31		\$3.78	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3133.03	1.6732	\$0.00	\$19.12	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.5
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.55		1			i I			
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.46	\$88.55	\$0.00	\$19.72	\$19.31	\$0.00	\$24,34	\$3.70	\$13.86	\$1.9
	ALL DE DECEMBER AND A SECOND OF THE SECOND O				40.55		Ψ10.01	Ψ0.00	924.04	ψυυ	\$13.00	J1.3
	rterly Per Diem Add-on Amounts ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)								1		
	· · · · · · · · · · · · · · · · · · ·	` , ,	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	1
		Ln 19 Col b x CPS Add-on	\$0.89	\$0.89		1		:	1	1		
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.66	\$2.66		1			1			
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1	_		\$17.10	A CONTRACTOR OF THE PARTY OF TH		-
· · · · · · · · · · · · · · · · · · ·	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$4.08	\$0.00	<del></del>	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.27	\$92.63	\$0.00	\$19.94	\$19.72	\$0.00	\$41.44	\$3.70	\$13.86	\$1.9
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.13						· · · · · · · · · · · · · · · · · · ·			*

Provid			Add-on Data and	····	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr	r ID: 00143426A Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Aliowance: Itdy BIMS score	N/A 48.9%	18.37% 5.5%			Overall CMI:		1.2689	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.02	3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.4720 1.4954	1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	С	d	е	f	. 9	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 - C	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
i	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			!
,	Bed Size Range within Peer Group		i	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i :		
Pe	eer Group Standards & Efficiency Measure Limits		!			1			1	1		
	Peer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%	:	50.0%	į ·		
	Peer Group Standards: Multiplier	(see Policy Manual)	· •	100.0%	100.0%	100.0%	100.0%	-	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В;	ase Period Per Diem Allowed Amounts	•		•	:	i i		:	:	:		
5 .	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,877.69	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)	;	(\$256)	\$256
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487	!				1	:			
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL Ins Rpt Days		:				!	:	33,404		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0.00	\$19.87	\$17.45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689		1			•	1		
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03		1			:			
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$71,51	\$0.00	\$18.41	\$17,45		\$20.56	\$5.28	17.04	\$0.01
a	luarterly Per Diem Rate Prior to Add-ons		•	:		:		1	:	•	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23,51	\$13.14	\$0.00	\$3.38	\$3.21	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowanco Add-on)	: Ln 14 + £n 15	\$173,77	1	\$0.00	\$21.79	\$20.66		\$24.34	\$5.28	\$17.04	\$0.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.4954	1		3	1			<b>\$11.0</b> 4	
18	Ortrly Routine Stycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.59	} *					1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$215.71	\$126.59	\$0.00	\$21,79	\$20.66	\$0.00	\$24,34	\$5.28	\$17.04	\$0.01
Q	luarterly Per Diem Add-on Amounts		•	:				• •	İ			! !
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.96	\$6.96		1		:	1	: i		
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$3.80	\$3.80	:	1						I
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	!		l
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.98	\$137.35	\$0.00	\$21.79	\$21.07	\$0.00	\$41.44	\$5.28	\$17.04	\$0.01
26 Q	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.16						***************************************			***************************************
<u> </u>				1								

	ovider: Keysville Nursing Home and Rehab Ctr		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	.,,,,,	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		trly BIMS score		5.5% 3.0%	Ortrly Moaid	Quarterly I	o Overall CMI: Medicaid CMI: Mght Options:		1.3131 1.4194 1.4466	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS	:				1 1				: !		
	Cost Center Peer Groups	(see Policy Manual)	<u> </u>	. 1		2	1					
. •	Type of Facility within Peer Group	(see Folicy Mandai)		. All Facilities	All Facilities	Free Standing	1 All Facilities	. 1 All Facilities	All Facilities			
:	Bed Size Range within Peer Group	•		All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits									1		
: 2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts	•	i.		į.	1 !			!			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358.28	\$1,321,717	. <b>S</b> O	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	50
- 6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,288)	\$5,280	50		\$525	\$333	(\$20,791)	· .	(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997			\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912			720 1,007	•	4027,700	4011,101	47,001	\$000,000	Ψεείιια
ŧ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days							1	19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3131	, <b>40.00</b>	0.0.02	<b>42</b> 4,00	110,000	ψ14.00	Ψ3.00	<b>\$10.33</b>	\$1,00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33		1 ;			į.	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = En 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	The state of the s	\$23.09		\$20.56	\$0.00	N/A	Ψ1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$120.00	\$48.33	\$0.00		\$23.09		\$14.88	\$3.03	13.59	\$1.06
		•						ļ.			(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	040.70						1	1		
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 x Grwin Allwing %	\$18.79 \$138.79	\$8.88	\$0.00		\$4.24	\$0.00		N/A	N/A	N/A
- 17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$138.79	\$57.21	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
: 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17	:	1.4466 \$82.76		:			:	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.34	\$82.76	\$0.00	\$18.96	\$27.33	\$0.00	\$17,61	\$3.03	\$40 FA	
: -		and the property of the second	ψ104.34	. 402.70	. 50.00	\$10.80	Φ21.33	φυ.υυ	\$17.01	<b>\$3.U3</b>	\$13.59	\$1.06
:	Quarterly Per Diem Add-on Amounts							1				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.55	\$4.55	:			İ	:			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48						: !		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	: 1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln: 24	\$189.59	\$90.32	\$0.00	\$19.18	\$27.33	\$0.00	\$35.08	\$3.03	\$13.59	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.37						4	·		:
~~~	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	1222 220, 0.70	4124.31									

Provider:	• • • • • • • • • • • • • • • • • • • •		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	00399737A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		with Allowance: trly BIMS score uality Incentive:	N/A 44.1% 0.00	18.37% 2.5% 2.0%	Ortrly Meale		d Overall CMI Medicaid CMI Wght Options	•	1,4871 1,3922 1,4125	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	9	9	h	i
CASE N	MIX BASED RATE CALCULATIONS		:			1				i i		
1 Cost	Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)	: :	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peel 3 Peel 4 Effic	Group Standards & Efficiency Measure Limits or Group Standards: Percentile or Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			!
	Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	40.000				_	I .				
	Filed Cost Center Costs (Routine & Special Srvcs Combined)  lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$9,256,560.00	\$4,885,876	\$0	\$883,051	\$416,107		\$1,637,603		\$529,340	\$0
	of Center Costs After Audit Adjustments	FY12 Audited C/R	(\$77,970)	(\$74,174)	\$0 \$0	(\$4,172)	\$840	\$1,832	( · · · · ·		(\$85,898)	!
	otal Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	\$9,178,590 55,096	\$4,811,702	20	\$878,879	\$416,947	\$521,331	\$1,633,440	\$385,084	\$443,442	\$87,765
	otal Nursing Facility Days GL-PL Ins. Rot As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days	20,090							44 707		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168,20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	44,797	60.05	
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$100.20	1.4871	\$0.00	\$15.85	\$17.03	(With LGM)	\$29.65	\$8.60	\$8.05	\$1.59
	Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73		1		i		: I		
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = En 9	1	\$58.73	\$0.00	\$15.95	\$17.03	!	\$29.65	\$8,60	\$8.05	. \$1.59
	Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		\$6.05 N/A	. Φ1.28
(	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	)	16.47 (FRV)	\$1.59
	erly Per Diem Rate Prior to Add-ons					1			:		şı 147)	
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Aliwnc %	\$20.63	\$10.79	\$0.00	\$2.93	\$3.13	\$0.00	\$3.78	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.56	\$69.52	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4125				1		<u>.</u>		
	Rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$188.24	\$98.20 \$98.20	\$0.00	\$18.88	\$20.16	\$0.00	\$24,34	\$8.60	\$16,47	\$1.59
Quart	erly Per Diem Add-on Amounts		1				223.10			40.00	ψ10.47	, φ1.05
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	IS Add-on Per Diem = 2.5% (to Routine Says)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46	45.00	¥0.22	φυ.41	φυ.00	φυ.00		φυ.υυ	:
22 Nurs	se Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.96	\$1.96		1			1			: 
	sing Home Provider Fee	(Fixed Amount)	\$17.10			. :			\$17.10	i		I
24 Tota	al 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	1	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.92	\$103.15	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	· · · · · · · · · · · · · · · · · · ·	\$16.47	\$1.59
26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.37			i i			1			<u> </u>

Provider:	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvor ID:	Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance:	N/A	18.37%			d Overall CMI:		1.4490	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		lours per On-Site Day/Q	trly BIMS score luality Incentive:	20.3% 2.92	1.0% 2.0%	Ortrly Moaid	Quarteny i CMI w RUG	Medicaid CMI: Wght Options:		1.5365 1.5668	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	***************************************		а	b	С	d	е	; f	9	g .	h	i
CASE N	MIX BASED RATE CALCULATIONS			i				:				
1   Cost	Center Peer Groups	(see Policy Manual)	•	: 1	1	2	1	1	1			
	Type of Facility within Peer Group		•	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		,
;	Bed Size Range within Peer Group		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Group Standards & Efficiency Measure Limits			1	:	4				-		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effic	ciency Measure Maximums (soo line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	į	\$0.37			
Base	Period Per Diem Allowed Amounts											
5 As f	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt: \$7,142,325.00	\$3,338,930	\$0	\$684,153	\$317.877	\$319,612	\$1,421,710	\$24,394	\$1.035.649	\$0
6 Aud	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)	1	\$46,284	\$30,380
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0		\$320,081	\$305,508			\$1,081,933	\$30,380
8 T	Fotal Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991		:		•		:	<b>V</b> 720.	41,007,000	400,000
T	Fotal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days								33,094		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39		\$23.02	\$0.65
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	i i	1.4490				: '			*	
11 B	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$45.09		1		:	į			
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	ı	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	÷	\$20.56	1	N/A	******
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31	:	\$17.39		8.93	\$0.65
Quart	terly Per Diem Rate Prior to Add-ons					1					(FRV)	'
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.34	\$8.28	\$0.00	\$2,42	\$2.45	\$0.00	\$3.19	N/A	4174	
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$53.37	\$0.00		\$15.76	\$0.00			N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	9115.04	1.5668	\$0.00	\$15.01	\$13.70	\$0.00	\$20.56	30.74	\$8.93	\$0.65
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.62	:				1			
1	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.89	\$83.62	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0,65
Quart	terly Per Diem Add-on Amounts		:									43.00
1	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		£0.00	
	// Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84		50.22	φ <b>υ.4</b> 1		30.37		\$0.00	
	se Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.67	\$1,67		1			:			
	sing Home Provider Fee	(Fixed Amount)	\$17.10	. 91,01	:	1			\$17.10			
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,14	\$3.04	\$0.00	\$0,22	\$0,41	\$0.00			\$0.00	\$0.00
<del></del>	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.03	\$86.66	\$0.00		\$16.17	\$0.00	\$38.05	· · · · · · · · · · · · · · · · · · ·	\$8.93	\$0.65
	terly Per Diem Rate for Bed Hold and Leave Days	// n 25 - 1 = 22\ * 0.7E					¥ 1.0.11		\$50.03	1 30.14	<b>40.33</b>	40.00
20 Guart	teny Fer Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.45	:								

Prvdr ID: 00141699A	•		Percentages	Score	Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Dal MDS & Nurse Hrs Data per Quarter Endin			owth Allowance: strly BIMS score suality Incentive:		18.37% 5.5% 3.0%	Ortrly Meald		i Overali CMI; Medicaid CMI; Woht Options:		1.6589 1.6759 1.7080	1.3617 1.4961 1.5223
ne Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes and
g Description	Calculations		4	1		· · · · · · · · · · · · · · · · · · ·	& Maint	General	Risulance	Related	Insurance
		а	b	С	d	е	<u>f</u>	9	g	h	i
CASE MIX BASED RATE CALCULATIONS							1		1		į
1 Cost Center Peer Groups	(see Policy Manual)		: 1		2	1	1		-		
Type of Facility within Peer Group	,,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			*
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
Peer Group Standards & Efficiency Measure Limits					: 1		1		:		1
Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
3   Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	:		
Base Period Per Diem Allowed Amounts	1				. :			i			
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,284,046.00	\$6,137,555	\$0	\$1,190,052	\$517.678	\$688.523	\$1,372,595	(\$142,967)	\$1,520,610	Si
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)	(01.12,001)	(\$78,250)	\$78.25
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	\$0		\$517,678		\$1,261,090	(\$142,967)	\$1,442,360	\$70,25
8 Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185			V.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4011,010	0.02,010	01,201,000	(0.42,507)	Ψ1,442,000	\$10,20
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days	-,,					:		83,030		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.35	\$75,41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15,53	\$3.03	\$17.77	\$0.9
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	¥ <u>-</u>	1.6589	:		<b>\$10.00</b>	,	10.00		\$17.77	. 40.5
1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46		1				1		
2 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45,46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.9
3 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	<b>30.8</b> 1
4 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103,43	\$45.46	\$0.00	1	\$15.03	:	\$15.53	\$3.03	8.80	; \$0.9i
		7.00.10	:		1	<b>\$10.00</b>			\$0.00	(FRV)	, 40.3
Quarterly Per Diem Rate Prior to Add-ons	·				:				: · · · · · · · · · · · · · · · · · · ·	. ,	
5 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.65	\$8.35	\$0.00	,	\$2.76	\$0.00	\$2.85	N/A	N/A	N/A
6 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.08	\$53.81	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.9
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7080		1			!	1		i
Ortrly Routine Stross Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.91				:	i	1		1
9 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.18	\$91.91	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.9
Quarterly Per Diem Add-on Amounts	e e e e e e e e e e e e e e e e e e e				1			! !			!
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	!	\$0.00	
BIMS Add-on Per Diem = 5.5% (to Routine Srv.	s) Ln 19 Col b x CPS Add-on	\$5.06	\$5.06	:				:	ļ ;	13.00	
Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76		:		:		1		!
Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1		:	\$17.10			
Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.45	\$8.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.63	\$100.26	\$0.00	·	\$18.20	\$0.00	\$35.85	\$3.03	\$8.80	\$0.9
6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.65	:	·	i		***************************************				

Provid	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr	ID: 00403939A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Ho		wth Allowance: trly BIMS score uality Incentive:	N/A 45.0% 3.05	18.37% 5.5% 3.0%	Ontrly Meaid		d Overall CMI: Medicaid CMI: Nght Options:		1,2839 1,4866 1,5152	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	С	, d	е	f	9	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS			:		1 1				1		
1 6	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(see Folicy Maridar)		All Facilities	. •		I All Facilities	All Facilities	. 1 All Facilities	1		
: :	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		1
P	eer Group Standards & Efficiency Measure Limits		:			i :				.		
	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%	!	50.0%	: !		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts							!	1			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617.00	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	. 50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	-
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0		\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667								7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days				:				33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.29	\$56,73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13,14	\$4.04	\$19,64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2839				: '			0.0.0	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$44,19		1		F .		1 .		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18.74	,	\$13,14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71,51	\$0.00		\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13,14	\$4.04	10.01	\$0.98
	nonded Don Diese Bate Britanta Add and					: '					(FRV)	
100	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	£40.70							1		
1 .	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$16.73	\$8.12	\$0.00		\$3.44	\$0.00	\$2.41	N/A	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$122.85	\$52.31	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x in 17		1.5152 \$79.26		1				:		i i
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$149.80	\$79.26	\$0.00	\$17.78	\$22,18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
1	,		\$175.00	ψ, 3,20 :	. 40.00	\$17.70	φεε. 10	90.00	g10.00	Φ4.04	\$ 10.01	20.90
	uarterly Per Diem Add-on Amounts					1			•	: :		;
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: :	\$0.00	
,	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.36	\$4.36		1		3		:		i .
1	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.38	\$2.38		1		;		; i		
1 ;	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1 (			\$17.10	:		
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$7.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.17	\$86.53	\$0.00	\$18.00	\$22.59	\$0.00	\$33.02	\$4.04	\$10.01	\$0.98
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.55							·		

Provider: Lakeland Villa Convalescent Center Prvdr ID: 00141732A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 27.6% 4.37	Add-on Percent 18.37% 1.0% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1323 1.1204 1.1362	State- wide 1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	C	ď	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS									1		
1 Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	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   Peer Group Standards: Percentile   Peer Group Standards: Multiplier   Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					:		1		1		· }
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306.00	\$1,645,551	\$0	\$668,626	\$203,496	\$229.802	\$426,540	\$95,143	\$123,148	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623		\$118,327	\$4,392
8 Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442			<u> </u>						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL ins Rpt Days				1		!		21,646		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4.40	\$5.52	- \$0.20
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 . Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66	i :	\$17.24	\$4,40	34.00 (FRV)	\$0.20
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.70	\$12.57	\$0.00	\$5.35	\$3.61	\$0.00	\$3.17	N/A	N/A	
16 CMA Allowed Per Diern (After Growth Allowanco Add-on)	£л 14 + Ln 15	\$197.77	\$80.99	\$0.00		\$23.27	\$0.00	\$3.17 \$20.41	\$4,40	\$34.00	N/A \$0.20
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$197.77	1.1362	\$0.00	\$34.30	\$23.21	\$0.00	\$20.41	\$4,40	\$34.00	<b>⊅</b> 0.∠0
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.02				:		i .		•
19 Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$208.80	\$92.02	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
Quarterly Per Diem Add-on Amounts		!						! !	1		!
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	1	\$0.00	1
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92		30.00	ψ <b>υ.</b> Ψ1			į .	90.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.84	\$1,84				:		1		1
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		I
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.17	\$3.29	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.97	\$95.31	\$0.00	\$34.50	\$23.68	\$0.00		· <del> </del> ·····	\$34.00	\$0.20
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.65		i			<u> </u>	L	1		

	rovider: Lee County Health Care ovdr ID: 00712665A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score	Facility Score N/A 23.9% 3.70	Add-on <u>Percent</u> 18.37% 1.0% 4.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3504 1.7337 1.7658	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Peternine Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201.33	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3504</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.02	\$9.45	\$0.00	\$2.41	\$3.56	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$60.90	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7658</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$188.14	\$107.54 \$107.54	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57
13	,	110 - 211 10,71110411 - 211 10	ψ100.1 <del>4</del>	ψ107.54	ψ0.00	ψ13.31	Ψ22.30	ψ0.00	Ψ23.10	Ψ2.03	ψ14.72	ψ1.57
00	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	<b>#1 FO</b>	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		<b>#0.00</b>	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$1.08	\$0.53 \$1.08	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψτ.50					\$17.10			
24		Sum of Lns 20 thru 23	\$24.01	\$5.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$212.15	\$113.45	\$0.00	\$15.73	\$23.34	\$0.00	\$40.65	\$2.69	\$14.72	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.29									

Pr	ovider: Legacy Nursing Home vdr ID: 00415522A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 46.3% 4.24	Add-on Percent 18.37% 5.5% 3.0%		Quarteri caid CMI w RU0	iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2012 1.2326 1.2532	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	<u>b</u>	СС	d	. е	f	<u> </u>	<u> </u>	h	i
	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Index for Medicaid Residents Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. R FY2018 GL-PL Ins. R FY 2012 Peer Group Li	pt	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2532 \$100.77	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$37.45 \$37.45 \$37.45 (FRV Rate) \$37.45	, ,,,,,
	Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$5.54 \$3.02 \$17.10 \$25.67	\$5.54 \$3.02		\$20.70	<b>9</b> 20, <del>3</del> 1		17.10	<b>33,45</b>	\$37.45	\$0.72
$\vdash$	Quarterly Case Mix Based Per Diem Rate		\$237.88	\$109.33		\$20.70	\$25.97		\$40.22	\$3.49	\$37.45	\$0.72
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165.59									***************************************	

	rovider: Legacy Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
Pr	vdr ID: 00141831A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: trry BIMS score tuality Incentive;	N/A 35.2% 2.72	18.37% 2.5% 3.0%	Qrtrly Meaid	Quarterly t	d Overall CMI: Medicaid CMI: Wght Options:		1.3485 1.3578 1.3798	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
: 			а	b	С	d	е	f	9	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	;							,	,		
1	Cost Center Peer Groups	(see Policy Manual)		: 1	. 1	2	1	1				
:	Type of Facility within Peer Group Bed Size Range wilthin Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bod Sizes	All Facilities	All Facilities All Bed Sizes			
1	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
	Base Period Per Diem Allowed Amounts								:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496.00	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1.993.378	\$239,085	\$1,442,494	· \$(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)	1	(\$168,969)	•
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951		\$1,215,592	\$239.085	\$1,273,525	\$249,170
: 8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958	:	1							
;	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		ť
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18	:							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
· 14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15	:	\$19.31	\$3.77	9.56	\$3.90
:	Quarterly Per Diem Rate Prior to Add-ons				:					:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.05	\$9.40	\$0.00	\$2.58	\$3.52	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Łn 14 + Ln 15	\$140.05	\$60.58	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86		\$9.56	\$3.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Ofr End		1.3798	:	! :		:		:	*	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.59	:	1				1 :		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.06	\$83.59	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09			<b>\$3.</b> 71	45.00	1 40.51		φ0.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51		1			i	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.29	\$88.72	\$0.00	\$16.87	\$23.08	\$0.00	\$40.33	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.89	**************************************		- <del></del>		<del>/</del>	1	<u> </u>		

Provide Prvdr II			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvarit	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 36.0%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.4103	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.27	3.0%	Ortrly Moaid	CMI w RUG I			1.3268 1.3471	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			•					1			
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1	:		
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group		:	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	er Group Standards & Efficiency Measure Limits			:		i		!				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		. 100.0% . \$0.53	100.0% \$0.00	100.0% \$0.22	100.0%	:	105.0%			
1		(see Poicy Manual)		30.53	30.00	30.22	\$0.41	!	\$0.37			
	se Period Per Diem Allowed Amounts			!					:	!		
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,665,058.00	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)		(\$61,690)	\$69,424
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days				1		!	:	43,590		
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4103</u>		: :				1		
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$65.67								
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69	!	\$21.90	1	\$6.03	\$1.27
7 1	er Diem Standards (After Statewide CMA for Routine Srvcs) lase Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	1 1	N/A	
14 15	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ch 32 of Lh 13	\$134,10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33	\$1.27
Qua	arterly Per Diem Rate Prior to Add-ons					1 :		ı			(FRV)	:
	Frowth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$21.96	\$12.06	\$0.00	\$3.05	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.06	\$77.73	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.3471				1				
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.71		*		!		i		
19   Q	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.04	\$104.71	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
Qua	arterly Per Diem Add-on Amounts					1 :		1	:			
20 E	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62			<b>+3.</b> 71		\$5.00	1	40.00	
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.14	\$3.14		[ ]		!				1
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	in 19 + Ln 24	\$207.06	\$111.00	\$0.00	\$19.89	\$20.17	\$0.00	\$41.44	\$2.96	\$10.33	\$1.27
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142,47					<del></del>	1	1		

Prvdr ID:		-		Percentages	Score	Percent	Cas	e Mix Index (C			Specific	State- wide_
	Case Mix Per Diem Rate Effective Date: MOS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hour		with Allowance: Irly BIMS score uality Incentive:	N/A 22.2% 4.17	18.37% 1.0% 3.0%	Ortrly Moaid	Quarterly t	d Overall CMI: Medicaid CMI: Wght Options:		1.5316 1.2375 1.2517	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	9	g .	h	i
CASE N	MIX BASED RATE CALCULATIONS	1				1			ı			
-:	Center Peer Groups	for Deferration of								!		
i . Cust v	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Capithian	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bad Size Range within Peer Group	÷		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Facilities All Bed Sizes	1		
Peer	Group Standards & Efficiency Measure Limits					1						•
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Pee	r Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	ļ.,		
4 Effic	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			•
Base	Period Per Diem Allowed Amounts	•										
5 As F	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559.00	\$4,408,813	\$0	\$809,583	\$359,692	\$476.855	\$1,418,629	\$99,060	\$722,927	50
6 Audi	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,410)	\$0	\$0	1 1	\$10.840	\$14,371	(\$56,596)		(\$97,284)	
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0		\$370,532		\$1,362,033	\$99,060	\$625,643	
8 ; T	otal Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756			: *****	40.01002		<b>4</b> 1,002,000	\$55,000	\$020,040	Ψ120,203
Т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days	,			1		:		30,867		
9 Net	Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18,93	\$20.16	(with L&H)	\$31.86	\$3.21	\$14.63	\$2.81
10 B	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5316	*		4201.0		4000	<b>45.21</b>	\$14.00	\$2.01
11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33		1		ł				
12 : Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$67,33	\$0.00	\$18.93	\$20.16		\$31.86	\$3.21	\$14.63	\$2,81
	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	· }	\$20.56	\$0.00	N/A	φ2.01
14 Base	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150,20	\$67.33	\$0.00		\$20,16		\$20.56	\$3.21	17.72	\$2.81
1		:					4201.0		410.00	. 43.21	(FRV)	92.01
	erly Per Diem Rate Prior to Add-ons	Le 44 o George Alborro N				1				1		l
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.23	\$12.37	\$0.00		\$3.70	\$0.00		N/A	N/A	N/A
:	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3,21	\$17.72	\$2.81
	uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2517</u>		:						
	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem rterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16		\$99.76		1			:	<i>)</i>		
ia Gua	nerly medicald CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$193,49	\$99.76	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
	erly Per Diem Add-on Amounts	:										
20 Effic	iency 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 BIM	S Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22 Nurs	se Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99		* * * * * * * * * * * * * * * * * * *						
	sing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 Tota	l Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$4.52	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.52	\$104.28	\$0.00	\$21.79	\$24.27	\$0.00	\$41.44	\$3.21	\$17.72	\$2.81
26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$148.82			<u>:</u>		·		<u> </u>		

Facility Add-on Facility State-Provider: Life Care Center, Inc. Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00140665A Growth Allowance: N/A 18.37% Base Period Overall CMI: 1.3801 1.3617 Case Mix Per Diem Rate Effective Date: 8/14/2020 Qtrly BIMS score 32.4% Quarterly Medicaid CMI: 1.3775 2.5% 1.4961 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 03/31/20

	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hours pe	er On-Site Day/Qi	uality Incentive:	2.90	3.0%	Ortrly Mcaid	CMI w RUG	Wght Options	:	1.4009	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insuranc
_			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
8	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,179,568.00	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)		(\$18,285)	\$65,69
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65,69
8	Total Nursing Facility Days As Filed Days = 38,520	FY12 Audited C/R Days	38,520									1000000
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	18 GL-PL Ins Rpt D FY 18 C/R Days					200			40,869		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	\$0.85	\$14.18	\$1.7
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3801								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	***		****					
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	\$14.18	\$1.7
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	***	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 of Ln 13	\$92.70	\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	13.21 (FRV)	\$1.7
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.13	\$6.40	\$0.00	\$2.11	\$2.88	\$0.00	\$2.74	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.83	\$41.26	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.7
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4009								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.37	\$57.80	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.7
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$145.18	\$61.51	\$0.00	\$13.82	\$18.98	\$0.00	\$35.10		\$13.21	\$1.7
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.06									

\$97.43

(Ln 27 - Ln 23) \* 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Lillian G. Carter Nursing Center out ID: 00142524A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 54.2% 3.42	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3539 1.5554 1.5847	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,412,647.88	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)	. ,	(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3539								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8.55 (FRV)	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.57	\$9.03	\$0.00	\$2.38	\$3.26	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.42	\$58.20	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5847</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.45	\$92.23	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$27.39	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.84	\$101.52	\$0.00	\$15.56	\$21.40	\$0.00	\$36.17	\$2.83	\$8.55	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.31									

	vider: Lumber City Nurs. & Rehab. Ctr.  00270256A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 37.9% 2.66	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	:MI) Data I Overall CMI: Medicald CMI: Vght Options:		Facility <u>Specific</u> 1.7031 1.5480 1.5743	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	9	h	i
CA	SE MIX BASED RATE CALCULATIONS								!			
1 :	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	i		(
	Peer Group Standards & Efficiency Measure Limits				i	:		; )		!		,
2 :	Peer Group Standards: Percentile Peer Group Standards; Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
į	Base Period Per Diem Allowed Amounts		:			į į						•
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757.00	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)		(\$439,978)		\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576						i	1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		!
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031		1		· !		:		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$39.56		1		r P				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9	!	\$39.56	\$0.00	\$14.88	\$16.52	ì	\$17.91	\$1,30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	<b>\$</b> 39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons				:			:			(2.11.7)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.32	\$7.27	\$0.00	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	\$3.03	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	£ո 14 + Ln 15	\$115.88	\$46.83	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	i	1.5743	:			:				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	· ·	\$73.72		:		:		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$142.77	\$73.72	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
2.4	Quarterly Per Diem Add-on Amounts		(						•			İ
20	Efficiency Add-on Per Diern ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.84	\$1.84				:				
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-an	\$2.21	\$2.21	:					1		1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					i	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 (	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.45	\$78.30	\$0.00	\$17.83	\$19.96	\$0.00	\$38.67	\$1.30	\$8.75	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.26	i !				***************************************				

	rovider: Lynn Haven Health & Rehab  vdr ID: 00083036A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score	Facility Score N/A 53.7% 3.45	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3693 1.5380 1.5671	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,045.65	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)	. ,	(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161	FY12 Audited C/R Days	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(1714)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.00	\$11.89	\$0.00	\$2.94	\$3.61	\$0.00	\$3.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.98	\$76.59	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5671</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.41	\$120.02	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.60	\$6.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80								
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	\$30.03	\$11.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.44	\$131.95	\$0.00	\$19.14	\$23.68	\$0.00	\$40.42	\$3.23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.76									

1	rovider: Madison HIth & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3682	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		trly BIMS score	61.0% 3.27	5.5% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:		1.5223 1.5529	1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>.                                    </u>		·	а	b	С	d	е	f	g	9	h	i
· <u>C</u>	ASE MIX BASED RATE CALCULATIONS		1			1			<b>!</b>	:		
; 1	Cost Center Peer Groups	(see Policy Manual)	I	1	1	2	1	1	. 1			
	Typa of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			!
	Peer Group Standards & Efficiency Measure Limits	•										'
: 2	Peer Group Standards: Percentile	(see Policy Manual)	*	90.0%	90.0%	90.0%	85.0%		50.0%			1
3	Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	Chiclency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,436,321.00	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)	ij i	(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
. 8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271							\$ 2 -		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3682					!	1		
. 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10 RS = En 11, AllOthr = En 9		\$53.20			_					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs			\$53.20	\$0.00	\$18.81	\$26.62		\$14.32		\$0.18	\$1.61
14	Per Diem Standards (After Statewide CMA for Routine Stross)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
. 14	base relied case Mix Adjusted Allowed Per Dieni	Eesser of Lif 12 of Ln 13	\$123.85	\$53,20	\$0.00	\$18.41	\$23.09		\$14.32	\$3.46	9.76	\$1.61
:	Quarterly Per Diem Rate Prior to Add-ons	•							İ		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.02	\$9.77	\$0.00	\$3.38	\$4.24	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£ก 14 + Ln 15	\$143.87	\$62.97	\$0.00	\$21,79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	<u>1.5529</u>		1		:		1		:
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.79				:		[ ]		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.69	\$97.79	\$0.00	\$21,79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
	Quarterly Per Diem Add-on Amounts					1						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	i i	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38		:		:	1			
22	, <u> </u>	Ln 19 Col b x Sting Add-on	\$2.93	\$2.93		. [						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		· ·			:	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.84	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.00	\$106.63	\$0.00	\$21.79	\$27.33	\$0.00	\$34.42	\$3.46	\$9.76	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.93									

Provide Prvdr II	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvar II.	D: 00083047A  Case Mix Per Diem Rate Effective Date:	0/4 //0000		wth Allowance:	N/A	18.37%			d Overall CMI:		1.5222	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho	ں urs per On-Site Day/Q	Itrly BIMS score	16,7% 3,17	0.0% 3.0%	Ortely Menid		Medicaid CMI: Wght Options:		1.6357 1.6681	1.4961
	ting a protect the date per quarter Entiring.	15050720 150506 150	or per or one baying	denty micestuve.	J. 11	3.0 %	Calliny Inicatu	CIVIL W INUG	wyai Opiions.		1.0001	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	9	g	h .	i
CASE	MIX BASED RATE CALCULATIONS					. !		į	:			
1   Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1				
.   000	Type of Facility within Peer Group	(See Folicy Manual)	:	: All Facilities	All Facilities	Free Standing	ı All Facilities	All Facilities	All Facilities	1		
1	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits		* * * * * * * * * * * * * * * * * * *						1	1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	6	\$0.53	\$0.00	\$0.22	\$0.41	ì	\$0.37	i i		
Bas	se Period Per Diem Allowed Amounts		•					:				
5 A	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,445,631.00	\$4,210,720	: \$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0			(\$27,328)	\$22.964
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457.890	1	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157				• •			0.00,000	4, ( ,,,,,,,	V.L.,00
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days				: i			:	47,971		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn7/Łn8Cola	\$159.14	\$80.62	\$0.00	\$17.71	\$20.11	(with L&H)	\$23.22		\$13.70	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	•	1.5222			4-4		, , , , , , , , , , , , , , , , , , ,		<b>\$10.70</b>	<b>40.</b> 1-1
11	Routine Sivcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96		1		1				
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11	1	\$23.22	\$3,34	\$13,70	\$0.44
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09	· }	\$20.56	\$0.00	N/A	40.4
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72	\$0.44
	arterly Per Diem Rate Prior to Add-ons					1		1			(FRV)	40
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45		***		***					
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.45	\$9.73	\$0.00	\$3.25	\$3.69	\$0.00			N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$145.29	\$62.69	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		1.6681		1						
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.17	\$104.57 \$104.57	\$0.00	enn ne	¢00.00	60.00	*****		40.70	
		110 · Ell 10, 1310   Ell 10	\$101.17	\$104.57	. \$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
	arterly Per Diem Add-on Amounts					1						
	fficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00	. i	\$0.00	
	IIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	:	: :			i			
	furse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.14	\$3.14		:				: i		
	fursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	į į		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.57	\$108.24	\$0.00	\$21.18	\$24.21	\$0.00	\$41.44	\$3.34	\$9.72	\$0.44
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.60	<del></del>		······································						
		,	¥175.00									

	rovider: Magnolia Manor Columbus West rvdr ID: 00083124A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score	Facility Score N/A 49.5% 3.00	Add-on <u>Percent</u> 18.37% 5.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3234 1.6431 1.6751	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109.00	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)	<b>\$120,000</b>	(\$12,052)	\$32,890
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3234								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12		RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45 (FRV)	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.63	\$0.00	\$2.96	\$3.60	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.00	\$62.05	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6751</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.89	\$103.94	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.72	\$5.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.47	\$9.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.36	\$113.31	\$0.00	\$19.29	\$23.63	\$0.00	\$34.07	\$2.89	\$10.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.45			"				<u>'</u>	•	

Provid Prvdr	,	8/14/2020 03/31/20 Nurse Ho		with Allowance: Irly BIMS score	Facility Score N/A 30.2% 3.33	Add-on <u>Percent</u> 18.37% 2.5% 4.0%			Overall CMI: dedicald CMI:		Facility Specific 1.2265 1.6542 1.6874	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>:</u>			a	ь	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS								•			•
1 C	ost Center Peer Groups Typo of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			1
2	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (seo line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	*	50.0% 105.0% \$0.37			
1	ase Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$2,708,581,00	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,647)	\$1,337,104	\$0 \$0	1 1 1	\$194,001				\$39,676	
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	, 30 : \$0	4	\$0 \$194,801	\$328,710	(\$51,087) \$344,916		\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445	\$1,1001,104	; 30	\$310,440	\$154,001	\$320,710	. 4244'2 IO	304,090	\$90,321	40,930
. "	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days	21,445	!		1		1		21,966		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7/£n 8 Col a	\$126,11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16,08	\$2,49	\$4.58	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$125,11	1.2265	: \$0.00	\$14.03	\$24.41	(wan con)	. \$10,00	92.45	\$4.00	<b>\$0.42</b>
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$51.59								
1 (	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41	!	\$16.08	\$2.49	\$4,58	\$0.42
! !	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	\$0.42
1 1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0.00		\$23.09		\$16.08		30.34	\$0.42
Q	luarterly Per Diem Rate Prior to Add-ons		1					-	į	1 :	(FRV)	1
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$9.48	\$0.00	\$2.73	\$4.24	\$0.00	\$2.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.26	\$61.07	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
17 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.6874				:	! !			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$103.05				:	!	· .		İ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.24	\$103.05	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
Q	tuarterly Per Diem Add-on Amounts		•			1			!	i :		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	1	\$0.00	1
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58		i		:				}
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12		į :		:	:			1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		i	1		:	\$17.10	1		1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$7.23	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.16	\$110.28	\$0.00	\$17.80	\$27.33	\$0.00	\$36.50	\$2.49	\$30.34	\$0.42
26 Q	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.05									

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 50.7% 2.79	18.37% 5.5% 3.0%	Ortrly Moaid		d Overali CMI: Medicaid CMI: Wght Options:		1.2961 1.4726 1.4998	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			i ·		:		!		:		
1 Cos	t Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
, , , ,	Type of Facility within Peer Group	(see Foncy Manday)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	:		
:	Bed Size Range within Peer Group		:	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Pec	r Group Standards & Efficiency Measure Limits			:		1						
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3   Pe	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	: i		
4 Efi	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	e Period Per Diem Allowed Amounts					1		! !	i !	1		
5 As	s Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049,00	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	. sc
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319.487	\$328,576		\$96,061	\$639,477	
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40.531	:			40.01.0.	, 4020,070	, 4000,007	450,001	\$000,477	. 4177,510
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL ins Rpt Days				: !		i.	:	36,015		:
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.63
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	•	1.2961	*	1	******			1	4.0	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25				į.	1	1		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	\$15.78	\$3.63
13 Pe	er Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	,
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$59.25	\$0.00	\$15,84	\$15.99	:	\$19.83	\$2.67	9.22	\$3.60
. !_							•			1	(FRV)	. 40.00
	arterly Per Diem Rate Prior to Add-ons	1 - 44 - C4- 41 9/	•							1 1		
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % En 14 + Ln 15	\$20.37	\$10.88	\$0.00		\$2.94	\$0.00	,	1	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$146.80	\$70.13	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
	Quarterly Facility Case Mix Index for Medicaid Residents		i	1.4998		:		:	i			
	Ottrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem uarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = £n 18, AliOthr = Ln 16	6404.05	\$105.18	en	640	040.00	***		40.5-		
. 19 UL	darterly Medicald CMA Allowed Per Digiti	No - En to, AllQuit - Lit 16	\$181.85	\$105.18	\$0.00	\$18.75	\$18.93	\$0,00	\$23.47	\$2.67	\$9.22	\$3.63
	arterly Per Diem Add-on Amounts							:		1		!
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.78	\$5.78		1			I .			!
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sling Add-on	\$3.16	\$3.16								
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			* · · · · · · · · · · · · · · · · · · ·			\$17.10	1		I
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.57	\$9.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.42	\$114.65	\$0.00	\$18.97	\$19.34	\$0.00	\$40.94	\$2.67	\$9.22	\$3.63
26 0112	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.24			·		<del></del>	<u></u>	1		·

	agnolia Manor Methodist Nursing Care 040785A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	,	Facility Specific 1,3316	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date:			trly BIMS score	42.0%	2.5%			Medicaid CMI;		1.5907	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.27	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:		1.6210	1.5223
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	С	d	е	f	9	9	h	i
CASE MIX B	BASED RATE CALCULATIONS							:	(			•
Туре	r Peer Groups of Facility within Peer Group Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			***************************************
2 Peer Grou 3 Peer Grou	o Standards & Efficiency Measure Limits ip Standards: Percentile ip Standards: Multiplier Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period	d Per Diem Allowed Amounts	\$	•	:				:	1			t s
5 As Filed C	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693.00	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6 Audit Adju	stments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
	er Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
	ursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699	:					•			
	ursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rot Days				: :				63,134		
	iems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with L&H)	\$14.77	\$3.00	\$2.10	\$0.53
	eriod Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.3316				i ·				
	Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38		1		I				
	iems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$55.38	\$0.00		\$18.42		\$14,77	\$3.00	\$2.10	\$0.53
	Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
	od Case Mix Adjusted Allowed Per Diem er Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$125.09	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	18.75 (FRV)	\$0.50
•	lowance Percentage = 18.37%	Ln 14 x Grwth Allwac %	\$18.88	\$10.17	\$0.00	\$2.62	\$3.38	\$0.00	\$2,71	N/A	N/A	N/A
	wed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$65.55	\$0.00		\$21.80	\$0.00	\$17.48	\$3.00	\$18,75	\$0.53
1	rly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0.40.0.	1.6210	ψ0.00	310.00	Ψ21.00	\$0.00	\$17,40	\$3.00	\$10.75	. 40.53
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.26		į.		1	:			
19 Quarterly l	Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$184.68	\$106.26	\$0.00	\$16.86	\$21.80	\$0.00	\$17,48	\$3.00	\$18.75	\$0.53
Quarterly P	er Diem Add-on Amounts											:
20 Efficiency	Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	. !	\$0.00	
	I-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66			23.74	75.00			\$3.00	
22 Nurse Sta	iff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cal b x Stfng Add-on	\$3.19	\$3.19		: :						:
23 Nursing H	ome Provider Fee	(Fixed Amount)	\$0.00			:			\$0.00	: 1		
24 Total Quar	rterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.38	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25 Quarterly C	ase Mix Based Per Diem Rate	Ln 19 + โ.ก 24	\$192.06	\$112.64	\$0.00	\$17.08	\$22.21	\$0.00	\$17.85	\$3.00	\$18.75	\$0.53
26 Quarterly P	er Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.05	<u></u>		<u></u>		·	<i>1</i>	<u> </u>		<del></del>

Provider:	Manor Care Rehab	Ctr of Marietta		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID:	00236211A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: Itrly BIMS score Juality Incentive:	N/A 5.3% 5.11	18.37% 0.0% 2.0%	Ortdy Moaid		d Overall CMI: Medicaid CMI: Woht Ontions:		1.6382 1.1410 1.1537	1.3617 1.4961 1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				: a	b	С	d	е	f	g	l g	h	i
CASE N	VIIX BASED RATE CALC	ULATIONS			:						!		:
1 Cost	Center Peer Groups	· · · · · · · · · · · · · · · · · · ·	(see Policy Manual)		. 1	1	2	1	1				
	Type of Facility within Peer Group Bed Size Range within Peer Group	,	(coo coo, manaay		All Facilities All Bed Sizes	All Facilities		All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer	Group Standards & Efficiency	Measure Limits					1		1	·	1		:
	r Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			•
	er Group Standards: Multiplier ciency Measure Maximums (sec	n line 20 for netuell	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	dency measure maximums (see	a sind 20 for desiding	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Period Per Diem Allowed Am			•									
5 As F	Filed Cost Center Costs (Routin	e & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,342,490.00	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	: \$0
	lit Adjustments and Reallocation		FY12 C/R Audit Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)	e i	\$138,912	\$63,101
1 :	t Center Costs After Audit Adjus		FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
	otal Nursing Facility Days	As Filed Days = 40,191	FY12 Audited C/R Days	40,191					i	1	3		
1	otal Nursing Facility Days GL-Pl	,	FY 18 GL-PL Ins Rpt Days		:		: :		1		39,639		:
1 -	Per Diems prior to Case Mix Ad	•	Ln 7 / En 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
	Base Period Facility Case Mix Inc	<del></del>	from 4 qtrs of FY12		1.6382		1		1		<u>.</u>		
	Routine Srvcs Case Mix Adjstd (		Ln 9 / Ln 10	•	\$66.52		: i			•			
1 .	Per Diems after Case Mix Adjst		RS = Ln 11, AllOlhr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61	1	\$28.95	\$15.50	\$19.89	\$1.57
	Diem Standards (After Statewide		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allo	owed Per Diem	Lesser of Ln 12 or En 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61	'	\$20.56	\$15.50	11.85	\$1.57
Quart	terly Per Diem Rate Prior to A	dd-ons		•		ī	÷ ;					(FRV)	
15 Grov	wth Allowance Percentage =	18.37%	Ln 14 x Grwth Allwnc %	\$22.25	\$12.22	\$0.00	\$3.38	\$2.87	\$0.00	\$3.78	N/A	N/A	. N/A
16 CM/	A Allowed Per Diem (After Growt)	Allowance Add-on)	Ln 14 + Ln 15	\$172,27	\$78.74	\$0.00	\$21,79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	
17 : Q	Quarterly Facility Case Mix Index	for Medicaid Residents	per Current Qtr End		1.1537		1			:		V.1132	. 41.01
18 C	Ortrly Routine Srvcs Case Mix A	djstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.84		1				: 1		
19 Qua	arterly Medicaid CMA Allowed Pr	er Dìem	RS = Ln 18, AllOthr = Ln 16	\$184.37	\$90.84	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
Quart	terly Per Diem Add-on Amoun	ts		•	!		:						
20 Effic	ciency 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	
4	IS Add-on Per Diem =	0.0% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			\$3,41	40.00			50.00	
22 Nurs	se Staff Hrs / Quality Add-on Pe	r Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.82					1		İ		
23 Nurs	sing Home Provider Fee	i	(Fixed Amount)	\$17.10						\$17.10			
24 Tota	al Quarterly Per Diem Add-on Ar	nounts	Sum of Lns 20 thru 23	\$19.86	\$2.35	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Dien	n Rate	Ln 19 + Ln 24	\$204.23	\$93.19	\$0.00	\$21,79	\$18.89	\$0.00	\$41.44	\$15.50	\$11.85	
26 Quart	terly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.35	<del> </del>		<u> </u>		1	-	1		-

Provider Prvdr ID		8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 22.6% 5.06	Add-on <u>Percent</u> 18.37% 1.0% 1.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6688 1.2146 1.2305	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	e	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS		•	:								
1 Cos	t Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	: :	1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>1</b> All Fecilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier liciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts									ļ .		
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627.00	\$4,465,528	\$0	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)	1	\$54,437	\$69,914
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284			1				1		
1 :	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days	1							41,247		. !
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6688</u>	:	: :			:	1		- I
: 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04					:	1		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91	İ	\$29.15	\$3.94	\$15.64	\$1.54
13 Pe	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	se Period Case Mix Adjusted Allowed Per Diem rterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91	! !	\$20.56	\$3.94	11.75 (FRV)	\$1.54
1 :	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21,12	\$10,85	\$0.00	\$3.38	\$3.11	\$0.00	\$3.78			
1 :	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$153.27	\$69.89	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	N/A \$3.94	N/A \$11.75	N/A \$1.54
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$100.27	1.2305	30.00	φ21.75	\$20.02	\$0.00	\$24,34	\$3.94	\$13.75	\$1.54
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	โก 16 x Ln 17	÷	\$86.00		:		!				
	varterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.38	\$86.00	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
Опа	rterly Per Diem Add-on Amounts		•						i			
	ficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	:
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86			43.41			: :	\$3.00	
22 Nu	irse Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.86	\$0.86		1			I	1 1		
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.76	\$2.25	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.14	\$88.25	\$0.00	\$21.79	\$20.43	\$0.00	\$41.44		\$11.75	\$1.54
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.03			·		1	-	<u></u>		
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	rovider: Maple Ridge Health Care Center		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Γ,	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		lrly BIMS score	34.2% 3.84	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:	:	1.2349 1.5624 1.5903	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	, 9	9	ħ	i
C	ASE MIX BASED RATE CALCULATIONS					1		:		1		
: -	Cost Center Peer Groups		:				_			1	i	
	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	Free Standing	1 All Facilities	1 All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	t and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits		:	ï							*	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		§	
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1 (		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	: :		
	Base Period Per Diem Allowed Amounts	:		!				İ	:			
5	As Filed Cost Center Costs (Rouline & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,943,033.00	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
. 6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0	1 1	\$0	\$46	(\$116,865)		(\$38,939)	\$42,753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0 \$0		\$238.505	\$291,429		\$81,003	\$177,463	
а	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532	ψ1,5 <del>11</del> ,502	40	\$400,120	Ψ200,000	9231,423	4500,509	\$01,003	\$177,405	\$42,753
	Total Nursing Facility Days GL-PL Ins, Rot As Filed Days = 25,703	FY 18 GL-PL Ins Rot Days	25,552	1		1		İ		25,703		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10	· · · · · · · · · · · · · · · · · · ·	from 4 gtrs of FY12	ψ1 <del>-1</del> 3.55 ;	1.2349	φ0.00	\$15.12	\$20,70	tivini carry	φ22.10	\$3.10	\$6.95	\$1.07
11		Ln 9 / Ln 10	,	\$61.67		:				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22,18	\$3,15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	i	\$71.51	\$0.00		\$23.09		\$20.56	\$0.00		. \$1.07
14		Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	N/A 14.08	
	Quarterly Per Diem Rate Prior to Add-ons		\$140.50	\$01.07	\$0.00	310.41	\$20.10	i	\$20.50	\$3.10	(FRV)	\$1.67
15		Ln 14 x Grwth Allwnc %	\$22.30	\$11.33	\$0.00	\$3.38	\$3.81	\$0.00	\$3.78	N/A	N/A	A1/A
16		Ln 14 + Ln 15	\$162.60	\$73.00	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15		N/A
17		per Current Qlr End	\$102.00	1.5903	30.00	321.79	\$24.57	\$ \$0.00	324.34	\$3,15	\$14.08	\$1.67
18		Ln 16 x Ln 17		\$116.09		:				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.69	\$116.09	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
i	Quarterly Per Diem Add-on Amounts							i I				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,90	\$2.90	φυ.συ	\$0.00	Ψ0,41	00.00	φυ.υυ		\$G.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.48	\$3.48		į .			!	: 1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ3.40				1	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.91	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
<del></del>	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.11	\$123.00	\$0.00	- <del></del>	\$24.98	\$0.00	\$17.10	\$3.15	\$14.08	\$0.00
<u> </u>		# 05 L 501-0-5			+	<u> </u>	72 7.00		· • • • • • • • • • • • • • • • • • • •	40.10	\$17.00	\$1.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.76									

	ovider: McRae Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Рг	vdr ID: 00141853A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: Itrly BIMS score uality Incentive:	N/A 31.4% 3.53	18.37% 2.5% 3.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.1896 1.5028 1.5304	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	i
C.	ASE MIX BASED RATE CALCULATIONS								i			:
1	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	1				
	Type of Facility within Peer Group	(obs. and, manaci,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
,	Peer Group Standards & Efficiency Measure Limits			:	:	: i		:		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
	Base Period Per Diem Allowed Amounts		i	:				:	1	1 :		!
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848.00	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$6
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)	N .	(\$32,426)	\$32,420
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265		\$16,691	\$32,420
8	Total Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488			: :	••.				4.0,25	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days		:	:	1				40,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$117.94	\$66,02	\$0.00	\$16,33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.7
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.1896	i				:	!		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50				: i		1		i
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	· i	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90	\$0.7°
							•				(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons			Ī		1						
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.59	\$10.20	\$0.00	\$3.00	\$3.28	\$0.00	\$2,11		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.54	\$65.70	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.7
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.5304		1			:			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	\$100.55						i		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.39	\$100.55	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.7
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51	:	1			:	İ		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02	:					:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.55	\$106.61	\$0.00	\$19.55	\$21.54	\$0.00	\$31.08	\$5.16	\$8.90	\$0.7
26	Quarterly Per Diom Rate for Red Hold and Leave Days	(lp 25 - lp 23) * 0.75	6422.24	<u> </u>	·	<u>i</u>	2002-00-00-00-00-00-00-00-00-00-00-00-00	<u>:</u>	i			
20	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.34	1								

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvdr ID	: 00141864A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: Irly BIMS score uality Incentive:	N/A 59.4% 2.37	18.37% 5.5% 2.0%	Ortrly Meaid	Quarterly i	d Overall CMI Medicaid CMI Wght Options:		1.5049 1.8374 1.8720	1.3617 1.4961 1.5223
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
: 			а	b	С	d	е	f	g	9	h	I
CASE	MIX BASED RATE CALCULATIONS			•				l	:			Į.
:	t Center Peer Groups						_	j .		1		
i Cosi	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Capilities	2 Free Standing	1 All Facilities	. 1 . All Facilities	: 1 . All Facilities	!		•
	Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes				
Poor	Group Standards & Efficiency Measure Limits		· ·			:	7 200 0.200	, , in observation	}	1		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)	٠ .	100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Base	e Period Per Diem Allowed Amounts									!		í
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382.01	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	. <b>s</b>
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)					, -
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317		\$0 \$0		\$380,079	\$425,652		· · · · · · · · · · · · · · · · · · ·	(\$198,043)	
	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599	. 45,000,176	φ0	\$010,003	\$300,019	\$425,052	\$070,304	\$41,092	\$1,208,538	\$91,39
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rot Days	43,333			: :				42,766		
	et Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$154.25	\$70.83	\$0.00	\$14.01	\$18.48	(with L&H)	\$20.15		\$27.72	\$2.1
	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	. VIQ-1.23	1.5049	40.00	\$14.01	\$10,40	(MAIN EGIL)	\$20.15	\$0.30	\$21.12	. \$2.1
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07						1		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48	1	\$20.15	\$0.96	\$27.72	\$2.1
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09	i	\$20.15	1	\$27.72 N/A	\$2.1
	ise Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$10.41	\$18,48		\$20,30		14.07	: \$2.1
	,			Ψ-77.07	Ψ0.00	\$14.01	\$10,40		920,10	\$0.50	(FRV)	\$2.1
	rterly Per Diem Rate Prior to Add-ons										1.717	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.31		\$0.00	\$2.57	\$3.39	\$0.00		N/A	N/A	. N/A
	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.72	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.1
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.8720						1		
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.31		1		!				
. 19 : Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.74	\$104.31	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.1
Qua	rterly Per Diem Add-on Amounts					1						
20 Eff	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21 BI	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.74	\$5.74		: ' ' '	*****			1	\$3.00	
22 Nu	rise Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.09	\$2.09		1			:			
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	1		
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41		\$0.00	\$0.0
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ļn 24	\$210.14	\$112.67	\$0.00	\$16.80	\$22.28	\$0.00		-	\$14.07	\$2.1
	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - 1,n 23) * 0.75	\$144.78				<b></b>	1.100		1 1000	7.701	. 74.)

Рг	ovider: Meadow Park H&R vdr ID: 003167911A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nursi		Data and Percentages Growth Allowance: BIMS: le Day/Quality Incentive:	Facility Score N/A 25.9% 4.04	Add-on Percent 18.37% 1.0% 3.0%		Quarter caid CMI w RUI	iod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.8081 1.8416	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C .	d	е	f	g		h	i
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Index for Medicaid Residents Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$164.21 \$23.31 \$190.26 \$257.93 \$1.48 \$4.44	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.8416 \$148.08 \$148.08	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$30.58 \$30.58 \$30.58 (FRV Rate) \$30.58	
	Total Quarterly Per Diem Add-On Amounts		\$17.10 \$23.02						17.10			
	Quarterly Case Mix Based Per Diem Rate		\$280,95	\$154.00		\$20.70	\$25.97	<u> </u>	\$40.22	\$2.74	\$30.58	\$6.74
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$197.89				İ			İ.	, , , , , , , , , , , , , , , , , , ,		1

	ovider: Medical Management H & R  vdr ID: 00141941A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 33.8% 2.74	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4091 1.6443 1.6763	State- wide 1,3699 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	1
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$14,060)	\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53.04
8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days	31,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091	10000000000	900,000,000				0.1000000	******	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.11	\$6.18	\$0.00	\$1.97	\$2.47	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.35	\$39.81	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6763						1,000,00	*****	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.27	\$66.73	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.67	\$1.67					72.37		45.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$143.57	\$70.93	\$0.00	\$12.93	\$16.34	\$0.00	\$33.49	\$0.59	\$7.60	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$94.85							20.00	40000000	

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider	r. Memorial Manor Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID	D: 00141919A		Gro	with Allowance:	N/A	18.37%			Overall CMI		1.2378	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		Irly BIMS score	34.5%	2.5%			Medicaid CMI		1.3613	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	3.32	2.0%	Ortrly Moaid	CMI w RUG I	Wght Options:		1.3837	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·	· · · · · · · · · · · · · · · · · · ·		a	b	С	<u>d</u>	е	ſ	g	9	h -	<u> </u>
CASE	MIX BASED RATE CALCULATIONS		:									
1 Cost	t Center Peer Groups	(see Policy Manual)	:	1	1	1	1	1	. 1	1		
	Type of Facility within Peer Group		:	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
:	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	r Group Standards & Efficiency Measure Limits							1		1		
	eer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	1		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 EII	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts			r ·		: :						
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259.00	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	\$0	\$0	so :	\$448	\$473	(\$17,963	į.	(\$15,413)	\$15,658
7 ; Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8 ;	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082			:		İ		1		:
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days	1			:			•	35,592		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152,07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5.44	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.2378		i :				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50					:	1		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5,44	\$0.41
13 : Pe	er Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47	\$0.41
Qua	orterly Per Diem Rate Prior to Add-ons			:		:					(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwns %	\$23.20	\$11.11	\$0.00	\$5.35	\$3.75	\$0.00	\$2.99	N/A	N/A	NI/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$71.61	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26		\$8.47	N/A \$0.41
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$150.00	1.3837	\$0.00	334.50	φ <b>24.</b> 16	\$0.00	\$19.20	\$0.25	\$6.47	50.41
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.09					:			
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.14	\$99.09	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
Quai	erterly Per Diem Add-on Amounts			1						1		
	ficiency 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	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48			43.11	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			40.00	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98		1			1			
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	i i		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$4.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quai	erterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.01	\$104.08	\$0.00	\$34.50	\$24.57	\$0.00	\$36.73	\$0.25	\$8.47	\$0.41
25 0	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.93	!! !		·		!	·k	·	~~~~	

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurs		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 55.5% 5.33	Add-on Percent 18.37% 5.5% 4.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: a Wght Options:		Facility Specific 1.5198 2.1996 2.2421	State- wide 1.3617 1.4961 1.5223
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 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: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measures (Maximums)			100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
Per Diem Costs and Add-ons											
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 38,601 18,105		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56	10,103	\$21.44	1
Allowed @ 95% of Std Growth Allowance 18.4%		\$158.82 \$25.18	\$67.93 \$12.48		\$27.69 \$5.09	\$21.94 \$4.03		\$19.53 \$3.59		\$21.44	\$0.29
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$186.73	\$80.41 <u><b>2.2421</b></u> \$180.28		\$32.78	\$25.97		\$23.12	\$ 2.73	\$21.44 (FRV Rate)	\$0.29
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$286.61	\$180.28		\$32.78	\$25.97		\$23.12	\$2.73	\$21.44	\$0.29
BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$9.92 \$7.21	\$9.92 \$7.21								
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$34.23						17.10			
Quarterly Case Mix Based Per Diem Rate		\$320.84	\$197.41		\$32.78	\$25.97		\$40.22	\$2.73	\$21.44	\$0.29
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$227.80										

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	o: 00141578A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 55.3% 3.77	18.37% 5.5% 3.0%	Qrtrly Meaid	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.1439 1.8288 1.8641	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d :	е	f	g	g	h	í
CASE	MIX BASED RATE CALCULATIONS					. :		]	:			
1 Cos	t Center Peer Groups	(see Policy Manual)	:	1	1	2	1	. 1	. 1	,		
:	Type of Facility within Peer Group Bed Size Range within Peer Group	<b>,</b> ,,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	.		•
2 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actuel)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			•
Basi	e Period Per Diem Allowed Amounts											•
	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389.00	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	. 30
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25.858)	
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869						:			
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days				: !				30,012		1
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1439</u>		: :				: :		!
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$47.44				:	:	1		
1	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.8
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	1
,	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37	:	\$14.58	\$1.63	9.89 (FRV)	\$0.87
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.68	\$8,71	\$0.00	\$2.65	\$2.64	\$0.00	\$2,68	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.88	\$56.15	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	9113.00	1.8641	\$0.00	317.07	\$11.01	. 40,00	. 917.20	\$1.03	49,09	\$0.01
100	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.67		1				1		į
ļ.	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.40	\$104.67	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
Qua	rrterly Per Diem Add-on Amounts					1		:		<u>.</u>		ì
20 Ef	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76				1		1	,	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.14	\$3.14								
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10			: :			\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.93	\$114.10	\$0.00	\$17.29	\$17.42	\$0.00	\$34.73	\$1.63	\$9.89	\$0.87
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.12					1		· i		· · · · · · · · · · · · · · · · · · ·

Provider: Mitchell Convalescent Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data	-	Facility Specific	State- wide
Prvdr ID: 00142018A			owth Allowance:	N/A	18.37%		Base Period	Overall CMI:	:	1.3464	1.3617
Case Mix Per Diem Rate Effective Date:			trly BIMS score	33.3%	2.5%			Medicaid CMI		1.3914	1.4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.83	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:	;	1.4126	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	ď	е	f	g	1 9	h	i
CASE MIX BASED RATE CALCULATIONS	-								i		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	. 1	Í	1	. 1			
Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	4		
Peer Group Standards & Efficiency Measure Limits	:	!	1		1			1	1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Base Period Per Diem Allowed Amounts			:		:		:		1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579.00	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410.928	\$8,340	\$100,679	
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,719)	SO.	\$0	50	\$0	\$0	(\$4,719)	1	(\$5,435)	,
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	,	\$0	\$501,680	\$271,847	\$306,139	\$406,209	• •	\$95,244	\$5,435
8 Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211							1	****	
Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days				:		:		17,233		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60		\$5,53	\$0.32
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3464		:		i i	:		******	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24		1		:		i i		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13 Per Diem Standards (After Statewide CMA for Routine Strcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$55.24	\$0.00	\$29.15	\$23.09	!	\$20.56	3	10,50	\$0.32
Overdeelis Des Biens Date Brien to Add and	•				1		 		1	(FRV)	:
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$23.52	\$10.15	\$0.00	\$5.35						:
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.86	•	\$0.00	\$34.50	\$4.24 \$27.33	\$0.00 \$0.00	\$3.78	1	N/A	: N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3102,00	1.4126	\$0.00	5 \$34,50 }	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.37		i i						:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.84	\$92.37	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
Country to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				-		•	•			0.0.00	:
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ((Stnd - Alwel) x 75 up to max or 0)	(see Policy Manual)										
: · · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x CPS Add-on	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	:	\$0.00	
	Ln 19 Col b x Sting Add-on	\$2.31									
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	(Fixed Amount)	\$2.77	\$2.77						:		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$22.71			***		40	\$17.10		<b></b>	
			\$5.61	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	1	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.55	\$97.98	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.48	\$10.50	\$0.32
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.59									

	ovider: Montezuma Health & Rehab vdr ID: 00142062A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 47.3% 4.04	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2929 1.5420 1.5678	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663.08	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days	4450.00	***	40.00	***	<b>4.7.4</b>		***	29,343	400.05	** **
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$158.80	\$80.31 <b>1.2929</b>	\$0.00	\$13.61	\$17.44	(with L&H)	\$19.06	\$3.28	\$23.85	\$1.25
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	Ψ1.20
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42	\$1.25
	·										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	***		40.00	40.50	40.00	***	40.50			
15 16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwhic %	\$20.61 \$146.79	\$11.41 \$73.53	\$0.00 \$0.00	\$2.50 \$16.11	\$3.20 \$20.64	\$0.00 \$0.00	\$3.50 \$22.56	N/A \$3.28	N/A \$9.42	N/A \$1.25
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$146.79	1.5678	\$0.00	\$10.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.54	\$115.28	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34	4		*****	+	75.57		73.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.82	\$124.46	\$0.00	\$16.33	\$21.05	\$0.00	\$40.03	\$3.28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.04			1			ı	1		

	ovider: Mountain View Health and Rehab Center  vdr ID: 00143184A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 24.0% 2.80	Add-on <u>Percent</u> 18.37% 1.0% 2.0%			i Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1,4052 1,3898 1,4133	State- wide 1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	<u>d</u>	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS		:			1			:			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	An Deu Gizas	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts				:							
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222,00	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	So
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	1	(\$2,160)	1			(\$18,695)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	. \$0	1 1	\$294,658	\$321,988	\$557,778	. 1	\$259,408	\$16,67
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179		:		• •	:			V200,120	
1 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days				: :				33,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	1	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,4052				1			-	
11:	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41,32	:	: :				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7,17	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$94.88	\$41,32	\$0.00	\$12.54	\$17.04		\$15,42	\$0.59	7.51 (FRV)	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons									1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.85	\$7.59	\$0.00		\$3.13	\$0.00	\$2.83		N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.73	\$48.91	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.4133	:	:				· .		'
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.94	\$69.12 \$69.12	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
	Quarterly Per Diem Add-on Amounts	•							i			1
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69		1		:	1			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38					!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$151.64	\$71.72	\$0.00	\$15.06	\$20.58	\$0.00	\$35.72	\$0.59	\$7.51	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100,91		***************************************			•				-

	Provider: Muscogee Manor & Rehab Center Prvdr ID: 00083223A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 40,0% 5.31	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.2862 1.5254 1.5526	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	. 9	g	h	i
CASE	MIX BASED RATE CALCULATIONS		:			: !					i	
-	st Center Peer Groups Type of Facility within Peer Group Bed Sizo Renge 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 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	:	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	
Ba	se Period Per Diem Allowed Amounts								I	•		
. 5 A	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213.00	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450.916	1.0	(\$9,418)	\$13,927
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099			;						
. !	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9 1	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862					,			
. 11 ,	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28	: i	\$48.99	\$3.13	\$15.97 <sub>1</sub>	\$0.32
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
5	arterly Per Diem Rate Prior to Add-ons	En 14 x Grwth Allwnc %			***				:			
	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc 76	\$26.51	\$13.14	\$0.00	*	\$4.24	\$0.00	\$3.78		N/A	N/A
17:	·	per Current Qlr End	\$193.03	\$84.65	\$0.00	\$34.50	\$27.33	\$0,00	\$24.34	\$3.13	\$18.76	\$0.32
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5526 \$131.43				l				
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.81		\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
Ou	arterly Per Diem Add-on Amounts		:					i	•		:	
	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	i i	\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29	/	: · · · · · · · · · · · · · · · · · · ·	13,00	1			\$5.00	
22 1	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.94	\$3.94				:				
	lursing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17,10			
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$7.23	\$0.00	\$0.00	\$0.00	\$0.00	\$17,10		\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.14	\$138.66	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44		\$18.76	\$0.32
26 i Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.28			······································				·		

Line # Description  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts	8/14/2020 03/31/20 Nurse Hour  Sources / Calculations  {see Policy Manual}		wth Allowance: rly BIMS score pality Incentive:  Routine Services	N/A 23.5% 3.36 Special Services	18.37% 1.0% 2.0% Dietary	Qrtrly Mcaid Laundry & Houskong		Admin		1.2652 1.1514 1.1701 Property	1.3617 1.4961 1.5223
Line # Description  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	03/31/20 Nurse Hour Sources / Calculations	s per On-Site Day/Qu Totals	Pality Incentive: Routine Services	3.36 Special Services	2.0%	Laundry &	CMI w RUG W Plant	Vght Options:	1	1.1701	
Line # Description  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	Sources / Calculations	Totals	Routine Services	Special Services		Laundry &	Plant	Admin			1.5223
# Description  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Audit Adjustments Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	Calculations		Services	Services	Dietary				A&G- GL-PI	Property	
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Audit Adjustments Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	{see Policy Manual}	a	b .	С			& Maint	and General	Insurance	and Related	Taxes and Insurance
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Audit Adjustments Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	(see Policy Manual)				d	е	f ;	g	9	h ,	i
Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Fi Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	(see Policy Manual)	; ;									
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Percentile Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents		;	1	1	2	1	1	1	1		
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	!	,	
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As F 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents		1	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As F 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents		:				:					
4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Altowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined)  6 Audit Adjustments and Reallocations to Cost Center Costs  7 Cost Center Costs After Audit Adjustments  8 Total Nursing Facility Days As Filed Days = 22,951  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642  9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs  10 Base Period Facility Case Mix Index for All Residents	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	I	}	
Base Period Per Diem Altowed Amounts  5	(see Policy Manual)	;	100.0%	100.0%	100.0%	100.0%		105.0%			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As F 6 Audit Adjustments and Realiocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1	1	
6 Audit Adjustments and Realiocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	1	i			1				. 1		
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272.00	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	50
8 Total Nursing Facility Days As Filed Days = 22,951 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	FY12 C/R Audit Adjstmts	(\$46,985)	SO.	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29.584
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642  9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  10 Base Period Facility Case Mix Index for All Residents	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents	FY12 Audited C/R Days	22,951									
10 Base Period Facility Case Mix Index for All Residents	FY 18 GL-PL Ins Rpt Days								18,642		
· · · · · · · · · · · · · · · · · · ·	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14,74	\$16,49	(with L&H)	\$17,99	\$3.09	\$6.07	\$1.29
11 Routine Srycs Case Mix Adistd (CMA) Net Per Diem	from 4 qtrs of FY12		1.2652			-		:	1		
	Ln 9 / Ln 10		\$43.92					:	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49	:	\$17.99	\$3.09	\$6.07	\$1.29
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	;	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16,49		\$17,99	\$3.09	7,14	\$1.29
Oundarie Res Diese Rete Dries to Add one	:					:				(FRV)	
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.11	\$8.07	\$0.00	60.74		***	***			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$51.99	\$0.00	\$2.71	\$3.03	\$0.00	\$3.30	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$121.77	1.1701	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.83								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.61	\$60.83	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
Quarterly Per Diem Add-on Amounts	:							:	:	<b>****</b>	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i i	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,61	\$0.61	40.00	<b>40.22</b>	<b>40.41</b>	φο.υυ			φυ.υυ .	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Cal b x Stfng Add-on	\$1.22	\$1.22			ļ			1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7					. \$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$151.07	\$63.19	\$0.00	\$17.67	\$19.93	\$0.00	\$38.76	\$3.09	\$7.14	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.48				···	<del></del>				

Provid	der: New Horizons Limestone		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr	ID: 00142007A		Gro	wth Allowance:	N/A	18.37%		Base Period	i Overali CMI:		1.2251	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		irly BIMS score	16.9%	0.0%		Quarterly i	Medicaid CMI:		1.2120	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	ırs per On-Site Day/Qı	uality Incentive:	3.90	2.0%	Ortrly Meaid	CMI w RUG \	Nght Options:		1.2294	1.5223
Line ,	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	. 9	g	h	i
CAS	E MIX BASED RATE CALCULATIONS								V			:
1 0	ost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	. 1	i .		
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	1		:
	Bed Size Range within Peer Group		!	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	1 :		
Pe	eer Group Standards & Efficiency Measure Limits					1			1	1		,
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	; ·		i
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts		· .			:				,		
5 :	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195.00	\$4,765,490	\$0	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)	1	(\$15,554)	\$5,530
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956		\$1,084,817	\$62,740	\$461,825	
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490			: :						
: :	Total Nursing Facility Days GL-PL, Ins., Rpt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days	:			: :			:	41,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47		. :				!		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27	! !	\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	;	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50	12.54	\$0.12
0	uarterly Per Diem Rate Prior to Add-ons					1		!		1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24,91	\$13.14	\$0.00	\$3.75	\$4.24	\$0.00	\$3,78	N/A	21/4	
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$84.65	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	N/A \$12.54	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$174.04	1,2294	\$0.00	324.10	\$27.33	\$0.00	\$24.54	\$1.50	\$12.54	\$0.12
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.07		: :		: !	:	i		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.06	\$104.07	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0,12
ים	uarterly Per Diem Add-on Amounts		:						:	1	7.2.07	. 45.12
	Efficiency Add-on Per Diems ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	20.00	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	φυ.00	\$0.22	φυ.υυ	90.00	20.00		\$0.00	:
	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Stress)	Ln 19 Col b x Sting Add-on	\$2.08	\$0.00		1		i				:
	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	. ve.00		1		; !	\$17.10	1		
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.40	\$2.08	\$0.00	\$0.22	\$0.00	\$0,00	\$17.10	1	\$0.00	\$0.00
<del>,</del>	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.46	\$106.15	\$0.00	\$24,38	\$27.33	\$0.00	\$41.44	<u> </u>	\$12.54	\$0.00
<del></del>	-	/1 - 75 1 - 70\ 0.075	·	7		1230	7		¥-1,17	<b>41.30</b>	¥ 12.54	- 40.1Z
. 26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.27	1								

Provider: New Horizons Lanier Park		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00141072A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 35.3%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.2324 1.1306	1.3617 1.4961
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.73	3.0%	Ortrly Meald		Wght Options:		1.1444	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		8	b	С	ď	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS					! .		:	:	:		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	· · •			i
Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	- All Facilities	1		1
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits					:		:				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts					1		i		1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558.00	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)	i:	(\$3,620)	\$3,925
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8 Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343			:				i		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days				1		1	:	40,693		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1,44	\$7.41	\$0.09
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324		: '		!	ı	1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$84.44					-	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14   Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76	\$0.09
Quarterly Per Diem Rate Prior to Add-ons							:	ı		(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.02	\$13.14	\$0.00	\$3.91	\$4.19	\$0.00	\$3.78	N/A	N/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.47	\$84.65	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34			
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.41	1.1444	. 40.00	\$25.19	\$27.00	50.00	\$24.34	\$1.44	\$20.76	\$0.09
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.87					1			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.69	\$96.87	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
		5.50.05	. 455.07		, 420.10	42.7.00	. 45.00	, 42-1.54	1	Ψ20.70	. 50.00
Quarterly Per Diem Add-on Amounts					1 1111				į i		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42				:		i i		
22 · Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91				1				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		_	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.33	\$0.00	\$0.22	\$0.21	\$0.00	\$17,10	<del> </del>	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.55	\$102,20	\$0.00	\$25.41	\$27.21	\$0.00	\$41.44	\$1.44	\$20.76	\$0.09
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.09							***************************************	7	

	ovider: Newnan Hosp. Health & Rehab Ctr vdr ID: 00040719A  Case Mix Per Diem Rate Effective Date		Qt	wth Allowance: rly BIMS score	Facility Score N/A 26.7% 3.94	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly N	d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2207 1.3891 1.4125	State- wide 1.3617 1.4961 1.5223
Line	MDS & Nurse Hrs Data per Quarter Ending  Description	Sources / Calculations	rs per On-Site Day/Qu Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,868,327.00	\$4,203,284	\$0	\$810,018	\$553,544	\$354,117	\$931,074	\$99,483	\$916,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	\$0	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539	\$4,192,050	\$0	\$810,018	\$553,544	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
8	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days								31,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.84	\$83.40	\$0.00	\$16.12	\$18.06	(with L&H)	\$17.86	\$3.17	\$17.31	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.2207								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$68.32	<b>#0.00</b>	04040	040.00		047.00	00.47	<b>#17.01</b>	#0.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$68.32 \$71.51	\$0.00	\$16.12	\$18.06 \$23.09		\$17.86	\$3.17	\$17.31 N/A	\$0.92
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00 \$0.00	\$18.41 \$16.12	\$18.06		\$20.56 \$17.86	\$0.00 \$3.17	12.59	\$0.92
14	base Feriod Case Mix Adjusted Allowed Fer Dieffi	Lesser of Eff 12 of Eff 13	\$137.04	Ф00.32	φυ.υυ	\$10.12	φ10.00		φ17.00	φ3.17	(FRV)	Φ0.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.11	\$12.55	\$0.00	\$2.96	\$3.32	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$159.15	\$80.87	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.4125 \$114.23								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.51	\$114.23	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$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 = 1.0% (to Routine Srvs)		\$1.14	\$1.14	40.00	****	*****	*****	40.01		*****	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.71	\$119.33	\$0.00	\$19.30	\$21.79	\$0.00	\$38.61	\$3.17	\$12.59	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.96			I .			li .	<u>.                                    </u>	l	

Prov			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvd	Ir ID: 00083146A Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: triv BIMS score	N/A 16.5%	18.37% 0.0%			d Overall CMI: Medicaid CMI:		1.3032	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	,	3.93	3.0%	Qrtrly Mcaid	CMI w RUG I			1.2775 1.2986	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS								:	:		
1 0	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	: 1			
:	Type of Facility within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	: :		
	Peer Group Standards & Efficiency Measure Limits					1			1			
2 ;	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 .	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
E	Base Period Per Diem Allowed Amounts					1			:	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305.00	\$2,938,284	\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	\$0
6 :	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)	) .	(\$36,195)	\$36,195
7 :	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819			i :			l	i :		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL ins Rpt Days				1				32,316		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21.98	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032		1		:		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86		1			:	1 1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15.21	\$16.04		\$20.74	\$4.60	\$21.98	\$1.01
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04	i	\$20.56	\$4.60	9.27	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons					!		i	:	1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.07	\$11.55	\$0.00	\$2.79	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.62		\$0.00	\$18.00	\$18.99	\$0.00		1	\$9.27	\$1,01
17 i	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	*	1.2986			<b>\$10.00</b>		;	<b>4</b> -1.55	Ψ3,1,7	:
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.63		. i			•	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.84	\$96.63	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
	Quarterly Per Diem Add-on Amounts	•		i I								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	· · · · · · · · · · · · · · · · · · ·	\$0.00			· · · · · · · · · · · · · · · · · · ·	,,,,,	1		1	\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.90			į .				.		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3,43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 (	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.00	\$100.06	\$0.00	\$18.22	\$19.40	\$0.00	\$41.44	\$4.60	\$9.27	\$1.01
26 (	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.68	1		······	· · · · · · · · · · · · · · · · · · ·	J		<u> </u>	****	:

Provider: NHC of Fort Oglethorpe Prydr ID: 00344759A	-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 26.5%	18.37% 1.0%			l Overall CMI: Medicaid CMI:		1.4032 1.2542	1.3617 1.4961
MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		3.31	3.0%	Ortrly Moaid	CMI w RUG \			1.2542	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:	·	a	Ь	C	đ	e	f	g	g	h	í
CASE MIX BASED RATE CALCULATIONS					<u>.</u>			!	1		
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1	1		1
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	i i		1
Peer Group Standards & Efficiency Measure Limits								1			!
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts								!	1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt 1	\$6,978,191.00	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661	)	\$2,726	(\$2,868
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794		\$1,089,837	· .	\$338,882	
8 Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776					1		1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days	:	:		1		1		44,860		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07
10 , Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12		1.4032					t. 8	1	-	,,,,,,,
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02		1		1	!			:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07
13 Per Diern Standards (After Statewide CMA for Routine Sivos)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39	:	\$20.56	\$4.57	11.91	(\$0.07
Outstands Day Diagrams and and	,						i		1	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	600.40	C40 50								,
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.48 \$148.33	\$10.29 \$66.31	\$0.00 \$0.00	1	\$3.38 \$21.77	\$0.00	\$3.78		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.55	1.2745	. \$0,00	319.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	į	\$84.51		:		i				•
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.53	\$84.51	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07
		<b>4,03.33</b>	10.7.04	50.00	. 9.3.30	₽£1.17	. 40.00	φ24.34	34.07	\$11,91	(\$0.07
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem {{Sind - Ahvd} x .75, up to max, or 0}	(can Policy Manual)	04.00	* ** **	* ***		** **		:	1	4-	
	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	į .	\$0.00	
· · ·		\$0.85	\$0.85	:			I		1		:
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on {Fixed Amount}	\$2.54	\$2.54		:		1		1		
	Sum of Lns 20 thru 23	\$17.10	***	***		<b></b>		\$17.10		4.	
		\$21.65	\$3.92	\$0.00	-{	\$0.41	\$0.00	\$17,10		\$0.00	
25 Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$188.18	\$88.43	\$0.00	\$19,72	\$22.18	\$0.00	\$41,44	\$4.57	\$11.91	(\$0.07
26   Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.31	i								

Provider: Northeast Atlanta H & R Ctr. Prydr ID: 00426214A	-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date	8/14/2020		owth Allowance: try BIMS score	N/A 36.3%	18.37%			d Overall CMI:		1.4802	1.3617
MDS & Nurse Hrs Data per Quarter Ending		s per On-Site Day/Q		3.54	2.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5596 1.5850	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1 2	а	b	С	d	e	<del>' [</del>	g	q	h	I
CASE MIX BASED RATE CALCULATIONS					1 1		!	:			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	! 1				
Type of Facility within Peer Group	(dad I dila) manaliy		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes			:	
Peer Group Standards & Efficiency Measure Limits								:	i		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Base Period Per Diem Allowed Amounts	: · · · · · · · · · · · · · · · · · · ·						! :		1		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012.00	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	1	the first transfer of the same	(\$113,774)	\$113,774
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	SO		\$453,799	3	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8 Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637			:	¥ <b>(</b>				0.1000,000	Ψ
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days	-			1		:	•	44,643		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.92	\$84,43	\$0.00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4802			*	1	1			44
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04		1			:	[ E		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48	1	\$29.94	\$8.98	\$28.68	\$2.16
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20,56	\$0.00	N/A	<b>V</b> 2
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136,40	\$57.04	\$0.00	\$17.25	\$18,48	1	\$20.56	\$8.98	11.93	\$2.16
Quarterly Per Diem Rate Prior to Add-ons							7			(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.82	\$10,48	\$0.00	\$3.17	\$3.39	\$0.00	\$3.78	N/A		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.22	\$67.52	\$0.00		\$21.87	\$0.00	\$24.34	1	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$131.22	1.5850	\$0.00	320.42	\$21,07	30.00	\$24.34	\$8.98	\$11.93	\$2.16
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$107.02		1 .			:	:		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$196,72	\$107.02	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
Quarterly Per Diem Add-on Amounts					:		:	:		<b>4,7,30</b>	Ψ2.10
20 Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		60.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.68	\$2.68	\$0.00	ΦU.22	\$0.41	\$0.00	\$0.00	•	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$2.00 \$2.14	\$2.00		1			•	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φε.14					\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.35	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	¢n nn	¢n oo
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$23.00	\$112.37	\$0.00		\$0.41	\$0.00		\$0.00	\$0.00 \$11.93	\$0.00
			3112.37	30.00	320.04	\$22.28	\$v.U0	\$41.44	36.86	\$17.93	\$2.16
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.03									

Provider:	• • • • • • • • • • • • • • • • • • • •	8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 27.7% 3.71	Add-on Percent 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1,3456 1,4519 1,4760	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	. , , , , , , , , , , , , , , , , , , ,		а	b	С	d	e	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS				!			: )				
1 Cost	t Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe- 3 Pe-	r Group Standards & Efficiency Measure Limits per Group Standards: Percentile per Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts				:							
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088.00	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6 ; Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdjsImls	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	
7 · Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	. \$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193					,	i	:		1
'	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days	:	:		i		:		56,103		
9 Ne	et Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	<u>1.3456</u>		:						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	•	\$63.88		: .			:	:		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00
	orterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.72	\$11.73	\$0.00	60.40	to co	\$0.00			<b>.</b>	:
. 1	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.06	\$75.61	\$0.00	1	\$3.63 \$23.41	\$0.00 : \$0.00	\$3.20 \$20.63	N/A	N/A	
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	. \$155.06	1.4760	. 30.00 :	320.30	\$23.41	\$0.00	\$20.03	\$3.04	\$10.01	\$0.00
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.60		:				:		,
1 1	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.05	\$111.60	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	: . \$3.04	\$10.01	\$0.00
	rterly Per Diem Add-on Amounts			:				:	:	1	÷ • • • • • • • • • • • • • • • • • • •	
	ficiency Add-on Per Diem. {(Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	!	60.00	
	MS Add-on Per Diem = 1,0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.12	\$1.12	. 40.00	. QU.ZZ	<b>3</b> 0.41	\$0.00	\$0.37		\$0.00	
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$3.35	\$3.35						: !		-
	ursing Home Provider Fee	(Fixed Amount)	\$17,10	. 45.55					\$17,10	!		
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
·	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.15	\$116.60	\$0.00	ļ	\$23.82	\$0.00	\$38,10	\$3.04	\$10.01	\$0.00
<del></del>	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lπ 23) * 0.75	\$146.29			1	+-2.0%	10.00	+55.10		Ψ10.01	. 50.00
- 20 - WH41	ntony i or brone nate for bed flore and Leave Days	(Cana-cana)	\$ 140.29									

					Facility	Add-on		Facility	State-	1
Provider:	Nursecare of Buckhead			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	_wide_	
Prvdr ID:	00142183A			Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.3783	1.3699	
		Case Mix Per Diem Rate Effective Date:	08/14/20	Qtrly BIMS score	26.9%	1.0%	Quarterly Medicaid CMI:	1.3997	1.4961	
	MD	OS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	2.93	2.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4229	1.5223	
1										1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604					100 - 10 - 100 I A-100 I A-100 I				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3783								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58	\$3.23
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.30	\$9.68	\$0.00	\$2.81	\$3.50	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$62.37	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ųi	1.4229	40.00	ψ10.00	ΨΕΕ.00	ψ0.00	ΨΕ/.//	ψ0.04	\$5.50	φ5.25
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.63	\$88.75	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
						,			,	, , , , ,		40
20	Quarterly Per Diem Add-on Amounts	(ann Deliau Manuel)	0.10	20.50	****	****	****					
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
23	Nursing Home Provider Fee  Nursing Home Provider Fee	(Fixed Amount)	\$1.78	\$1.78					047.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$20.93	\$3.20	\$0.00	\$0.22	50.44	60.00	\$17.10	00.00	60.00	<b>#0.00</b>
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	*				\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
20	Qualitary Case MIX Daseu Fer Dielli nate	LII 13 + LII 24	\$194.56	\$91.95	\$0.00	\$18.30	\$22.99	\$0.00	\$44.87	\$3.64	\$9.58	\$3.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.10									

MDS & Nurse Hrs Data per Quarter Ending: 03/31/20   Nurse Hours per On-Site Day/Quality Incentive: 3.19 2.0%   Ortrly Meald CMI w RUG Wight Options: 1.4503 1.55	Provider: Prvdr ID;	D: 00142249A	9/44/2020	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score urs per On-Site Day/Quality Incentive:		Facility Score N/A 41.3% 3.19	Add-on <u>Percent</u> 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:				Facility Specific 1.2630	State- wide 1.3617 1.4961 1.5223
Calculations   Sources   Calculations   Totals   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services   Serv													
CASE MIX BASED RATE CALCULATIONS   1		Description		Totals			Dietary	,	Operatns	and		and	Taxes and Insurance
1   Coc   Coct   Control Part Crouge   Cock   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Crouge   Part Croug	·			а	b	C C	d	е	f	9	g	h	i
Type of Facility within Proc Group   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   A	CASE	MIX BASED RATE CALCULATIONS							,		1		
Pyro of Facility with Pere Group   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All	1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1		1			:
Per Groupy Standards & Efficiency Measure Limits   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferroman   South Standards Ferrom		Type of Facility within Peer Group	(ess v sus) manaay				Free Standing	All Facilities	All Facilities	All Facilities			
Peer Group Standards: Percentile   Gees Pelicy Naturals   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%   90.07%	Pee	er Group Standards & Efficiency Measure Limits				:	: : :			7 77 554 51256			
See Force Group Standards: Miliplier   (see Policy Manual)   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100			(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		İ
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Sirvac Cambinimit) 6 As Filed Cost Center Costs (Routine & Special Sirvac Cambinimit) 7 Cost Center Costs Alter Audit Adjustments and Readostions to Cost Center Costs 7 Cost Center Costs Alter Audit Adjustments 8 Total Nursing Facility Days Cu-PL Ins. Rpt 8 Total Nursing Facility Days Cu-PL Ins. Rpt 9 Net Per Diems prior to Case Mix Adjustment for Cost Mix Adjustments 10 Routine Sirvac Case Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Center Costs Alter Audit Adjustments 10 Routine Sirvac Case Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Center Costs Alter Audit Adjustments 11 Routine Sirvac Case Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adjustment for Cost Mix Adj			(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:				:
Same   First Cost   Continue Costs   (Routine a Special Sizes Combined)   As Field PTIZ CR Audit Adjustments (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (Std.) (St	4   El	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
6 Audil Adjustments and Reallocations to Cost Center Costs FY12 C/R Audil Adjustments FY12 C/R Audil Adjustments FY12 C/R Audil Adjustments FY12 C/R Audil Adjustments FY12 C/R Audiled C/R S4,426,913 S2,567,990 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0	Bas	se Period Per Diem Allowed Amounts	:				1			1	1		
Cost Center Costs After Audit Adjustments and Reallocations to Cost Center Costs   FY12 CR Audit Adjustments   S4,428,913   \$2,567,960   \$0   \$0   \$0   \$30   \$32,2309   \$39,073   \$19,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,073   \$1   \$10,0	5   As	s Filed Cost Center Costs (Routine & Special Styce Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,446.86	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155.549	. S0
Cost Center Costs After Audit Adjustments  FY12 Audited C/R  Total Nursing Facility Days  As Field Days = 34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  FY12 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429,913  34.419  SY16 Audited C/R  34.429  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R  35.806  SY16 Audited C/R	6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)	1 .	•	\$16,476
Total Nursing Facility Days	7 : C	Sost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	1				\$16,476
9 Nel Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419		:	1			1			
9 Nel Per Diems prior to Case Mix Adjisht to Routine Srives  1.07   La Scola   \$128.56   \$74.58   \$0.00   \$14.24   \$16.86   (with LEH)   \$15.86   \$2.88   \$4.04    1.08   Base Period Facility Case Mix Index for All Residents   from 4 ptra of PY12   \$1.2830    1.09   La 10   \$59.05   \$0.00   \$14.24   \$16.86   \$15.86   \$2.88   \$4.04    1.00   Nal Per Diems after Case Mix Adjisht to Routine Srives   RS = Ln 11.AllOthr = Ln 9   \$59.05   \$0.00   \$14.24   \$16.86   \$15.86   \$2.88   \$4.04    1.00   Per Diem Standards (Alter Statewide CMA for Routine Srives)   per Peer Group Limits   \$71.51   \$0.00   \$14.24   \$16.86   \$15.86   \$2.88   \$4.04    1.00   Per Diem Standards (Alter Statewide CMA for Routine Srives)   per Peer Group Limits   \$71.51   \$0.00   \$14.24   \$16.68   \$15.86   \$2.68   \$2.29    1.00   Quarterly Per Diem Rate Prior to Add-ons   \$15.86   \$2.68   \$2.29    1.00   Quarterly Per Diem Rate Prior to Add-ons   \$15.86   \$15.86   \$2.68   \$2.29    1.00   Quarterly Per Diem Rate Prior to Add-ons   \$15.26   \$15.86   \$2.68   \$2.29    1.00   Quarterly Per Diem Rate Growth Allowane Add-on   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.00   \$1.0		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days				+ 1				35,806		
11 Rouline Srvcs Case Mix Adjistd (CMA) Net Per Diem	9 - Ni	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.56	\$74.58	\$0.00	\$14.24	\$16.68	(with L&H)	\$15.86	1	\$4.04	\$0.48
Net Per Diems after Case Mix Adjstint to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   S50.05   S0.00   S14.24   S16.68   S2.68   S4.04	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2630		1 :		!				
13 Per Diem Standards (After Statewide CMA for Routino Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05				i				
14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$117.28   \$59.05   \$0.00   \$14.24   \$16.68   \$15.86   \$2.68   \$3.29   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(FRV)   \$(F	12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68	l	\$15.86	\$2.68	\$4.04	\$0.48
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwore %   S19.44   \$10.85   \$0.00   \$2.62   \$3.06   \$0.00   \$2.91   N/A   N/A	13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwh Allownc %   \$19.44   \$10.85   \$0.00   \$2.62   \$3.06   \$0.00   \$2.91   N/A   N/A	14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29	\$0.48
15   Growth Allowance Percentage = 18.37%	· · ·	arterly Per Diam Rate Prior to Add one					1 :		1		1	(FRV)	:
16   CMA Allowed Per Diem (After Growth Allowance Add-on)		•	Ln 14 x Grwth Allwnc %	\$19.44	\$10.85	: \$0.00	\$2.62	\$3.0E	\$0.00	\$2.01	N/A	ALCA	N/A
17 Quarterly Facility Case Mix Adjistd (CMA) Net Per Diem		• —							1				\$0.48
18			: · · · · · · · · · · · · · · · · · · ·	4155.12			410.00	\$15.14		. 410.77	\$2.00	⊅0.29	. 40.40
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$168.20 \$101.38 \$0.00 \$16.86 \$19.74 \$0.00 \$18.77 \$2.68 \$8.29 \$			Ln 16 x Ln 17				1				1		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19 Q	* * * *	RS = Ln 18, AllOthr = Ln 16	\$168.20			\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.30 \$0.00 \$0.37 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0	Qua	arterly Per Diem Add-on Amounts				İ	1			:			:
BIMS Add-on Per Diem =   2.5% (to Rauline Sivs)   Ln 19 Col b x CPS Add-on   \$2.53   \$2.53		•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
22       Nurse Staff Hrs / Quality Add-on Per Diem:       2.0% (to Routine Stros)       Ln 19 Col b x Sting Add-on (Fixed Amount)       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03       \$2.03		· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x CPS Add-on					44	15,00			\$3.00	
24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23       \$23.19       \$5.09       \$0.00       \$0.22       \$0.41       \$0.00       \$17.47       \$0.00       \$0.00         25       Quarterly Case Mix Based Per Diem Rate       Ln 19 + Ln 24       \$191.39       \$106.47       \$0.00       \$17.08       \$20.15       \$0.00       \$36.24       \$2.68       \$8.29	22 N	lurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.03		:	1		1				:
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$191.39 \$106.47 \$0.00 \$17.08 \$20.15 \$0.00 \$36.24 \$2.68 \$8.29	23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10		I			:	\$17.10			
50.23	24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)* 0.75 \$130,72	25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.39	\$106.47	\$0.00	\$17.08	\$20.15	\$0.00	\$36.24	\$2.68	\$8.29	\$0.48
	26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.72	1		······································				.4		-

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
Prvdr II	ID: 00142238A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 38.4% 3.50	18.37% 2.5% 3.0%	Qrlrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2538 1.6049 1.6350	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·	A TOTAL CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONT		а	b	¢	d	e	f	<u> </u>	g	ħ	i
CASE	E MIX BASED RATE CALCULATIONS											
1 Co.	st Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1			
,	Type of Facility within Peer Group	(obo t one) menger,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	· All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits			ı		1 :				1		
2 P	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	I	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts								İ	:		
5 : A	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862.07	\$4,035,413	\$0	\$774,649	\$486,582	\$548.811	\$903,417	\$144,260	\$572,730	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,401)	(\$89,269)	50	\$0	(\$2,153)	(\$2,429)			(\$25,366)	\$22,934
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873			1					. , , , ,	
1 :	Total Nursing Facility Days GL-PL Ins., Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days				1		: :		52,667		
9 N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14,93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538		1				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67		1						
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14,93	\$19.87		\$18.32	\$2.74	15.58	\$0.44
0	earterly Per Diem Rate Prior to Add-ons			· .				:	:	1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	\$20.91	\$11.15	\$0.00	\$2.74	\$3.65	\$0.00	\$3.37	N/A	bu a	N/A
' .	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$153.46	\$71.82	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	N/A \$15.58	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	. \$100.40	1.6350	\$0.00	\$17.07	<b>943.32</b>	φυ.υυ	\$21.09	\$2.74	\$ 13.36	\$0.44
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$117.43	:				1	1		
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$199.07	\$117.43	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0,44
	and to Ban Birth Add A A	:								1 7	4,0.00	40.7
1 .	larterly Per Diem Add-on Amounts Efficiency Add-on Per Diem -{{Sind - Alwd} x .75, up to max, or 0}	(see Policy Manual)	64.50	60.50								
	SIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.94	\$0.53 \$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stycs)	En 19 Col b x Sting Add-on	\$3.52	\$3.52		1			:	1		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. ತು.ರಿಜ		1			\$17.10	1		
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,09	\$6.99	\$0.00	\$0,22	\$0.41	S0.00	\$17.10	\$0.00	\$0.00	60.00
) <del></del>	parterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$224.16	\$124.42	\$0.00	\$17.89	\$23,93	\$0.00	\$39.16	\$2.74		\$0.00
<del></del>	*			¥124.42	30.00	\$11.69	\$23.83	\$6.00	339.16	\$2.14	\$15.58	\$0.44
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.30									

Pr	ovider: Oceanside Health & Rehab - Tybee ydr ID: 003188970A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 23.2% 3.28	Add-on Percent 18.37% 1.0%		Quarter caid CMI w RU	iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,5731 1,6022	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C ·	d	е	f	9		h	i
	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$143.35 \$23.31 \$169.47 \$217.89 \$1.29 \$1.29	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.6022 \$128.83 \$128.83 \$128.83	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$16.46 \$16.46 \$16.46 (FRV Rate) \$16.46	
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$19.68						17.10			
<del>  </del>	Quarterly Case Mix Based Per Diem Rate		\$237.57	\$131.41	<del> </del>	\$20.70	\$25.97		\$40.22	\$2.81	\$16,46	\$0.00
-	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165,35	7	1	<del>                                     </del>	120.10	120.51	<b>-</b>	\$70.2 <u>2</u>	42.01	910,40	30.00

Provider: Oconee Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID: 00142293A			wth Allowance:	N/A	18.37%			Overall CMI:		1.1620	1.3617
Case Mix Per Diem Rate Effective Date:			trly BIMS score		2.5%			/ledicaid CMI:		1.2179	1.4961
MDS & Nurse Hrs Data per Quarter Ending:	: 03/31/20 Nurse Hou	ırs per On-Site Day/Qı	uality Incentive:	3,45	3.0%	Ortrly Meaid	CMI w RUG V	Vght Options:		1,2399	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	:	а	b	; C	d	e	f f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	:						i .				
1 Cost Center Peer Groups	{see Policy Manual}		1	. 1	2	1	1 : <b>1</b>	1	1		:
Type of Facility within Peer Group	·		All Facilities	. All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	! !		
Bed Size Range within Peer Group	1		All Bed Sizes		All Bed Sizes	All Bad Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits		:			1				!		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	! ! !	\$0.37	. !		
Base Period Per Diem Allowed Amounts		:					!				
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,430,942.46	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$341,229	\$47,879	\$206,189	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)		(\$8,381)	\$8,381
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$332,612	\$47,879	\$197,808	\$8,381
8 Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885			1			:	i i		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days			:	1				17,204		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25.53	(with L&H)	\$22.35	\$2.78	\$13.29	\$0.56
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.1620	i	1		I	:	1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$67.61		i .			İ			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67,61	\$0.00	\$19.22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67,61	\$0.00	\$18.41	\$23.09	: !	\$20.56	\$2.78	9.85	\$0.56
Quarterly Per Diem Rate Prior to Add-ons	•									(FRV)	i
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.82	\$12,42	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 : CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166,68	\$80.03	\$0.00	\$21.79	\$27.33	\$0.00	\$24,34	\$2.78	\$9.85	\$0.56
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.2399		1	421.00				43.00	Ψ0,50
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$99.23	:	1		į	i			i
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$185.88	\$99.23	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	: :	\$0.00	:
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.48	\$2.48		40.30	\$0.00		, 40.00	1	φ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.98	\$2.98		1			:			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + ξπ 24	\$208.97	\$105.22	\$0.00	\$21.79	\$27.33	\$9.00	\$41.44	\$2.78	\$9.85	\$0.56
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.90					*==-:				
Et Guittery i to Dien Nate for Dea Hora and Leave Days	; (Eli 25 - Eli 25) (3.75	3 143.90	,								

Line:	00947658A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance:								<u>wide</u>
					N/A	18.37%			l Overall CMI:		2.1590	1.3617
	MD5 & Mulse his Data per Quarter Ending:			rly BIMS score	0.0% 6.77	0.0%			vedicaid CMI:		1.7720	1.4961
		TAULU CALL OLD	rs per On-Site Day/Q	Jailly incestive:	0.11	0.0%	Unity Mcaid	CMI w RUG V	vgnt Options:		1.8070	1.5223
# .	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i i
CASE MI	X BASED RATE CALCULATIONS											
<del> </del>	· · · · · · · · · · · · · · · · · · ·	f .										
•	enter Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	•	•	į	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	roup Standards & Efficiency Measure Limits			'								
	Group Standards: Percentile Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0%		50.0%			
	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	100.0% \$0.41		105.0% \$0.37			
:		(SSS Falley Mandaly		00.00	\$0.00	90.22	30.47		φυ.31	: '		
	eriod Per Diem Allowed Amounts	: . <u></u>		:						:		
	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723.00	\$765,901	. \$0	\$176,858	\$67,047		\$1,273,331	\$20,101	\$305,020	\$0
	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjetmts	(\$26,025)	\$0	\$0	\$0	\$0	\$0	(\$26,025)	1	(\$3,258)	\$3,258
	Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,247,306	\$20,101	\$301,762	\$3,258
	al Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356			E		!				1
	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days							i	2,003		
	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>2.1590</u>					1			
	utine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71					i	:		
1 1	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$105.71	\$0.00	\$52,70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97
	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09	}	\$20.56	\$0.00	N/A	1
14 : Base F	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09	!	\$20.56	\$10.04	21.61	\$0.97
Quarter	ly Per Diem Rate Prior to Add-ons					: !		,			(FRV)	1
	h Allowance Percentage = 18,37%	Ln 14 x Grwth Aliwnc %	\$26.51	\$13.14	\$0.00	\$5.35 i	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203,44	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
	arterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.8070			Q27.55	, 40.00		\$10.04	Ψ21.01	:
	rly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.96						:		
	erly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.75	\$152.96	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
Oundar	ly Per Diem Add-on Amounts								i		<del></del>	
	ncy Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	60.00	***			***		·			1
	Add-on Per Diem = (Sind - Alwoj x .75, up to max, or 0)  Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
	Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Sivs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00		:		ì	!	:		ĺ
1	o Home Provider Fee	(Fixed Amount)	\$0.00	\$0.00		: '		:				
	ig mome Provider Fee Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	***	***				\$17.10			
		<u> </u>	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarteri	ly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$288.85	\$152.96	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$10.04	\$21.61	\$0.97
26 Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.81									

Provide			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
, I IVOI IL	Case Mix Per Diem Rate Effective Date:	8/14/2020		triy BIMS score	N/A 47.5%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		0.9752	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		3.40	3.0%	Only Meaid	Cluarterly i CMI w RUG \			1.4455 1.4724	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<u></u>	а	b	С	; d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS						***************************************				, , , , , , , , , , , , , , , , , , , ,	
1 Cos	t Center Peer Groups	(see Policy Manual)	•	1 .	1	2	1	4				
	Type of Facility within Poer Group	(,,,	,	All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
1	Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
Pee	r Group Standards & Efficiency Measure Limits		,			† i				:		
2 Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	'		
	eer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	e Period Per Diem Allowed Amounts							1		<u> </u>		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,470,206.84	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,088)	(\$3,895)	S0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7 Cc	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0	1	\$203.048	1	\$467,781	\$100,590	\$129,412	\$13,502
8 -	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547			1 1 1 1 1	*		:		4120,112	ψ10,00L
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days	,					!		29,624		
9 No	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		0.9752		1	• • • • • • • • • • • • • • • • • • • •			40.70	41.25	40,40
11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$65.44		1				1		
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.44 <sup>!</sup>	\$0.00	\$13.88	\$14.21		\$15.83	\$3,40	\$4.38	\$0.46
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	40.70
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120,71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49	\$0.46
	selants Dan Diam Data Dain to Add		:								(FRV)	44.74
	arterly Per Diem Rate Prior to Add-ons rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	600.00	£40.00	20.00	:	***					
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.09	\$12.02	\$0.00		\$2.61	\$0.00	\$2.91	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.80	\$77.46	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4724</u> \$114.05					;			
4 1	parterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$177.39	\$114.05	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7,49	\$0.46
	, and a Despite Add as Asset		• • • • • • • • • • • • • • • • • • • •		40.00	1 0.40	<b>\$10.02</b>	ψ0.00	\$10.14	\$5.40	<b>91.49</b>	<b>3</b> 0.40
	arterly Per Diem Add-on Amounts	fore Station Manually	***						l .	1		
(	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) MS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i i	\$0.00	
•	,	Ln 19 Col b x CPS Add-on	\$6.27	\$6.27		-			!	1		
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) ursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$3.42	\$3.42						i .		
1	otal Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	: :	An			1 22.1	\$17.10	: :	i	
<u> </u>			\$28.32	\$10.22	\$0.00	-	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.71	\$124.27	\$0.00	\$16.65	\$17.23	\$0.00	\$36.21	\$3.40	\$7.49	\$0.46
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.46									

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ?: No Case Mix Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter E			Data and Percentages Growth Allowance: BIMS; te Day/Quality Incentive;	Facility Score N/A 44.4% 4.40	Add-on Percent 18.37% 2.5% 3.0%		Quarter	(CMI) Data iod Overall CMI: iy Medicaid CMI: 3 Wght Options:		Facility Specific 1,2690 1,2295 1,2486	State- wide 1.3617 1.4961 1.5223
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS			b	С .	<u> d</u>	е	<u>f</u>	J g	<u> </u>	h	<u>i</u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Dien	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$164.90 \$23.31 \$190.70	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2486 \$100.40	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$38.01 \$38.01 \$38.01 (FRV Rate)	1
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% o Routin Nurse Staff Hrs / Quality Add-on Per Diem = Nursing Home Provider Fee	e Srvs) 3.0%	\$210.69 \$2.51 \$3.01 \$0.00	\$100.40 \$2.51 \$3.01		\$20,70	\$25.97		\$23.12 0.00	\$2.49	\$38.01	\$0.00
Total Quarterly Per Diem Add-On Amounts		\$5.52						-			
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75	% \$162.16	\$216.21	\$105,92		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00

	ovider: Oxley Park Health & Rehab  odr ID: O0143316A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: rly BIMS score	Facility Score N/A 9.4% 3.28	Add-on <u>Percent</u> 18.37% 0.0% 4.0%		Quarterly N	MI) Data  I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3255 1.4428 1.4684	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	ISE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,015.63	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231	FY12 Audited C/R Days	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL Ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.3255								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$58.35 \$58.35	\$0.00	¢14.00	<b>615.01</b>		#10.CC	\$2.73	¢17.10	<b>#0.00</b>
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$71.51	\$0.00	\$14.23 \$18.41	\$15.81 \$23.09		\$19.66 \$20.56	\$0.00	\$17.12 N/A	\$0.90
14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0.00	\$14.23	\$15.81		\$20.56	\$2.73	16.60	\$0.90
1.4		200001 01 211 12 01 211 10	Ψ120.20	ψ50.55	ψ0.00	ψ14.25	ψ13.01		ψ13.00	Ψ2.70	(FRV)	ψ0.30
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	<b>#10.04</b>	\$10.72	\$0.00	\$2.61	\$2.90	\$0.00	\$3.61	NI/A	N/A	N1/A
16	Growth Allowance Percentage = 18.37%	Ln 14 + Ln 15	\$19.84 \$148.12	\$69.07	\$0.00	\$16.84	\$2.90	\$0.00	\$23.27	N/A \$2.73	\$16.60	N/A \$0.90
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$140.12	1.4684	φυ.υυ	φ10.04	φ10./1	φυ.υυ	φ23.21	φ2./3	\$10.00	φυ.90
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.47	\$101.42	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$4.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.16	\$106.01	\$0.00	\$17.06	\$19.12	\$0.00	\$40.74	\$2.73	\$16.60	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.55							"	1.	

Provider: Palemon Gaskins Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142326A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	31.8%	18.37% 2.5% 3.0%	Qrtrly Mcaid		l Overall CMI: /ledicaid CMI; Vght Options:		1.2317 1.2348 1.2545	1,3617 1,4961 1,5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	Ç	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS		1			i .				1		
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	1	1	1	. 1	1		
Type of Facility within Peer Group  Bed Size Renge within Peer Group		!	All Facilities All Bed Sizes	All Facilities	Hosp Based All Bed Sizes	All Fecilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			, in Dea Oiles	. And Dog 01200	: All Dec 3/203	All Ded Olfes	Mil Don Sizes	All Deu Sizes			:
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards; Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			:
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,880,96	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	so
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	: •-	50	\$145	(\$7,449)			(\$1,189)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0		\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8 Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670								•,	,,,,,,,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days	i			1			ı	10,104		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317				:				;
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87		i :		:				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11
13 Per Diem Standards (After Statewide CMA for Routine Sivcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09	:	\$20.03	\$3.94	11.85 (FRV)	\$0.11
Quarterly Per Diem Rate Prior to Add-ons					!			•	1	(1114)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.74	\$12.47	\$0.00	\$5.35	\$4.24	\$0.00	\$3.68	N/A	N/A	, N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$181.78	\$80.34	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2545</u>					•	1		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.79						: 1		
19 : Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$202.23	\$100.79	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
Quarterly Per Diem Add-on Amounts		:					:		1		
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52		!					23,00	1
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.02	\$3.02								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10	1		i
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$6.07	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$225.77	\$106.86	\$0.00	\$34.50	\$27.33	\$0.00	\$41.18	\$3.94	\$11.85	\$0.11
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.50	• · · · · · · · · · · · · · · · · · · ·	***************************************			·		<del></del>		<del></del>

Provider: Park Place Nursing Facility		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00002164A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			Overall CMI:		1.2699	1.3617
MDS & Nurse Hrs Data per Quarter Ending.		rs per On-Site Day/Q	trly BIMS score uality Incentive:	38.1% 3.30	2.5% 2.0%	Ortrly Mcaid	CMI w RUG V	/ledicaid CMI; Vght Options:		1.3271 1.3497	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·	а	ь	С	d	e	f	a	a	h	11100101100
CASE MIX BASED RATE CALCULATIONS	: :										
1 Cost Center Peer Groups	65.6. 4										
Typo of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	Free Standing	1 All Facilities	1 All Facilities	1 All Facilities	!		
Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	;		
Base Period Per Diem Allowed Amounts							:				
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,751,354.00	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjatmts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	*	\$178,932	\$77.870
8 Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271								*****	7
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days		i .		:				58,793		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699		:					•	*****
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03	\$1.36
Quarterly Per Diem Rate Prior to Add-ons	:							•	: 1	(FRV)	
15 : Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.18	\$10.67	50.00		60.04	60.00				
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$10.18 \$138.43	\$68.74	\$0.00 \$0.00	\$2.77 \$17.87	\$2.81 \$18.10	\$0.00 \$0.00	\$1.93 \$12.41	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130,43	1.3497	<b>30.00</b>	917.07	\$10.10	20.00	\$12,41	\$5.92	\$14.03	\$1.36
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.78								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.47	\$92.78	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1,36
Quarterly Per Diem Add-on Amounts	f						1			• • • • • • • • • • • • • • • • • • • •	4
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37	: 1	#0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.32	\$2.32	φυ.00	30.22	φυ,41	\$0.00	\$U.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1,86	\$1.86		1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ1.60					\$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	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.28	\$97.49	\$0.00	\$18.09	\$18.51	\$0.00	\$29.88	\$5.92	\$14.03	\$0.00 \$1.36
			431.43	40.00	210.03	\$10.01	30.00	42.00	30.02	\$14.03	\$1.35
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.14									

	ovider: Parkside Ellijay  vdr ID: 00141127A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hout		wth Allowance: trly BIMS score	Facility Score N/A 39.1% 3.66	Add-on Percent 18,37% 2,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility Specific 1,3029 1,7139 1,7451	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes and
#		Calculations				<del>i</del> .	· ·	& Maint	General	<u> </u>	Related	Insurance
ļ			a	<u>b</u>	С	đ	е	<u>:</u>	g	9	h	i i
<u>CA</u>	ASE MIX BASED RATE CALCULATIONS	i				! :				1		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
; ;	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
. !	Bed Size Range within Peer Group			All Bad Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
;	Peer Group Standards & Efficiency Measure Limits	. :						i				
2	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	,	100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	3		:
: !	Base Period Per Diem Allowed Amounts		:	•				:	:			:
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,106,944.00	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749	1	(\$57,355)	\$52,097
. 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922	:		]		l	:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days			:	: 1		l		29,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1,45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	i	1.3029					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1,45
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$2.12	9.60	\$1.49
1	Quarterly Per Diem Rate Prior to Add-ons			! 					· :	1	(FRV)	1
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$22.19	\$9.89	\$0.00	\$4.28	\$4.24	\$0.00	\$3.78	N/A	<b>.</b>	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.15	\$63.72	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	ψ130.13	1.7451	. 40.00	φ27.3 <del>3</del>	927.00	30.00	\$24.34	\$2.12	\$9.60	\$1.45
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	,	\$111.20	:			! !	i	1		:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.63	\$111.20	\$0.00	\$27.59	\$27,33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
	•		*				427,000		. 424.04	<b>V</b> 2.12,	\$3.00	. 41.40
	Quarterly Per Diem Add-on Amounts	,				1			:	1		
20		(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,78	\$2.78				}	•			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3,34		:		į.		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	A contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of		i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$6.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.60	\$117.85	\$0.00	\$27.81	\$27.33	\$0.00	\$41.44	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.88		•				***************************************	- <del></del>		

Provider: Parkside Post Acute Care and Rehab Prydr ID: 00169199A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1,3690	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	42.0% 3.47	2.5% 3.0%	Ortrly Mcaid	Quarterly I	Medicaid CMI: Wght Options:		1.4567 1.4798	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	2	а	b	С	d	е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS							:	:	1		
1 Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	:	:	
Base Period Per Diem Allowed Amounts							:		:		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164.00	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8 Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904					;		!		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days						!		55,592		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690					:	(		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36				!				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00		\$19.78		\$30.42		\$12.61	\$1.95
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	_	\$71.51	\$0.00		\$23.09	:	\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or En 13	\$129.05	. \$58.36	\$0.00	\$17.94	\$19.78	!	\$20.56	\$0.37	10.09 (FRV)	\$1.95
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.43	\$10.72	\$0.00	\$3.30	\$3.63	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.48	\$69.08	\$0.00		\$23,41	\$0.00	\$24.34		\$10.09	\$1,95
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4798						;	******	•
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$102.22				:			1	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.62	\$102.22	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
Quarterly Per Diem Add-on Amounts	:				1			:	1	-	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56			•=			1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.07	\$3.07		1		!				
23 : Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.51	\$108.38	\$0.00	\$21.46	\$23.82	\$0.00	\$41.44	\$0.37	\$10.09	\$1.95
26 Cuarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.81					<u> </u>	1	<u>:                                      </u>		

	Pelham Parkway Nursing Home  00142425A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 31.1% 3.50	Add-on Percent 18.37% 2.5% 2.0%	-		l Overail CMI: dedicaid CMI:		Facility <u>Specific</u> 1.4543 1.1421 1.1587	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refated	Taxes and Insurance
				b	C	d	е	f	g	9	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS		:			1				i :		
1	Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bad Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	•	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			:
1	Base Period Per Diem Allowed Amounts	•		•						1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260.00	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)	)	(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
. 8	Total Nursing Facility Days As Filed Days = 38,915	FY12 Audited C/R Days	38,915							!		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days	:			. :			:	37,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543		: :				1		
: 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41		:		!		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$29.15	\$23.09	; !	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$129.36	\$47.41	\$0.00	\$25.96	\$23.09	!	\$20.56	\$0.53	11.42 (FRV)	\$0.39
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$21.50	\$8.71			#4.04					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.86	\$56.12		\$4.77 \$30.73	\$4.24 \$27.33	\$0.00	\$3.78		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$150,00	1.1587	. 30.00	\$30.73	\$21.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$65.03		: :						'
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.77	\$65.03	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
:	Quarterly Per Diem Add-on Amounts				I	: :						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	: \$0.00	\$0.00	: :	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,63	\$1.63	. 50,00		Ψυ.υψ	90.00	Ψ0.00	i .	φ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,30	\$1.30	:	1		:				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		:				\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.78	\$3.46	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.55	\$68.49	\$0.00	\$30.95	\$27.33	\$0.00	\$41.44	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.59		!	<u> </u>			·	<u> </u>		
				:								

1	ovider: Pine Knoll Nursing and Rehab Center	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
P	vdr ID: 00142458A	2014 4100		th Allowance:	N/A	18.37%			Overall CMI		1.4918	1.4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per		ly BIMS score dity Incentive:	23.8% 3.40	1.0% 3.0%	Ortrly Moaid	•	Medicaid CMI: Wght Options:		1.6313 1.6628	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	е	f	g	<b></b>	h	i
C	SE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups	des B. Fre Manuali										
1	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R • FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	S0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Apt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28.86	\$0.28	\$16.65	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118,59	\$58,26	\$0.00	\$13.95	\$13,69		\$24.02	\$0.28	7,82	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$20.18	\$10.70	\$0.00	\$2.56	\$2.51	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.77	\$68.96	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6628								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.48	\$114.67	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15			-				, , ,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.44	\$3.44								
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	\$22.85	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.33	\$119.79	\$0.00	\$16.73	\$16.61	\$0.00	\$45.53	\$0.28	\$7.82	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.67		1	I	<u> </u>	I.	.1	1		L

1	rovider: Pinehill Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***********		Facility Specific	State- wide
; P	rvdr ID: 00083135A			owth Allowance:	N/A	18.37%			Overall CMI:		1.0657	1.3617
ſ	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	40.8%	2.5%			Vedicaid CMI:		1.6402	1.4961
ì	MD5 & Nuise his Data per Quarter Enting:	03/3 1/20 Noise Hou	's per On-Site Day/Q	uality incentive:	2.80	3.0%	unny Mcaid	CMI W RUG Y	Nght Options:		1.6722	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
į			а	ь	С	d	e	f	g	g	h	i
i c	ASE MIX BASED RATE CALCULATIONS							:				
-	Cost Center Peer Groups	6 2		1								
: '	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	7 All Facilities	Free Standing	1 All Facilities	1 All Facilities	: 1 All Facilities			
1	Bed Size Range within Peer Group	:				All Bed Sizes	All Bed Sizes	1	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits					1		i :		;		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258.00	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)			(\$241,103)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725		\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835					,			*****	
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days				£			:	28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657					:		*****	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1,41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82	\$0.97
!	Quarterly Per Diem Rate Prior to Add-ons	:		:		i i				1	(FRV)	!
1 15		Ln 14 x Grwth Allwnc %	\$20.78	\$11.83	\$0.00	\$2.61	\$3,43	\$0.00	\$2.91	N/A	N/A	. N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$145,11		\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	N/A \$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>\$140.11</b>	1.6722	<b>40.00</b>	10.01	ΨZZ. 1Z	30.00	\$10.70	φ1.41	\$0.02	. 20.91
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$127.46		1		İ	I	1		i
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.35	\$127,46	\$0.00	\$16.81	\$22,12	\$0.00	\$18.76	\$1,41	\$8.82	\$0.97
	Outstand Des Diese Add as Associate										*	
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.50		£0.00	20.00	<b>***</b> 44			1		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$3.19	\$0.53 \$3,19	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: :	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sivs)	En 19 Col b x Sting Add-on	\$3.19 \$3.82			: :		v. 1		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.82 \$17.10	\$5.62		1		ţ	. 647.40	: .		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.64	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	<b>¢</b> 0.00	60.00
25	:	Ln 19 + Ln 24		****			· · · · · · · · · · · · · · · · · · ·				\$0.00	\$0.00
ļ			\$221.99	\$135.00	\$0.00	\$17.03	\$22.53	\$0.00	\$36.23	\$1.41	\$8.82	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.67	:								

Provider: Pinewood Manor Nursing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide	
Prvdr ID: 00142513A		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.3181	1.3617	
Case Mix Per Diem Rate Effective Date:	8/14/2020	Qtrly BIMS score	50.0%	5.5%	Quarterly Medicaid CMI:	1.1379	1.4961	
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	2.80	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.1485	1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Red.			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities		2	
	Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,932.00	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days As Filed Days = 35,486	FY12 Audited C/R Days	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY 18 GL-PL Ins Rpt Days								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 otrs of FY12	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3181 \$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	\$8.15 N/A	\$0.66
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.37	\$36.59	\$0.00	\$14,92	\$12.58		\$20.56		7.91	\$0.66
1.4	Quarterly Per Diem Rate Prior to Add-ons	203301 01 211 12 01 211 10	\$65.57	φ30.33	\$0.00	\$14.52	\$12.56		\$11.55	\$1.16	(FRV)	\$0.66
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.89	\$6.72	\$0.00	\$2.74	\$2.31	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.26	\$43.31	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$55.E0	1.1485	Ψ0.00	ψ17.00	Ψ14.03	φ0.00	\$13.07	\$1.10	φ1.51	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$49.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$105.69	\$49.74	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
	Quarterly Per Diem Add-on Amounts				, , , , ,				410107	¥	ψ/.σ.	\$0.00
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.86	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$128.55	\$54.50	\$0.00	\$17.88	\$15.30	\$0.00	\$31.14	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$83.59			•		•				

\$97.43

(Ln 27 - Ln 23) \* 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: Pinewood Nursing Ctr		dd-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.1182	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per		ly BIMS score	28.8% 2.77	1.0%	Ortrly Meaid	Quarterly I	Medicaid CMI: Wght Options:		1.2787 1.2994	1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	ď	е	f	9	g	h	Ĭ
C	ASE MIX BASED RATE CALCULATIONS								ļ			
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Bange within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililles All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	f All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,671	FY13 Audited C/R Days	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Fipt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25.05	\$0.28	\$20.99	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.1182								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n9/Ln10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0.28	\$20.99	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125,96	\$56.44	\$0.00	\$17,51	\$19.52		\$23.46	\$0.28	7.35	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.49	\$10.37	\$0.00	\$3.22	\$3.59	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.45	\$66.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2994				ĺ				, -
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.45	\$86.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	1	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87	\$0.00		00.41	\$55.00	\$0.00		Q0.00 ·	
22	things and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Ln 19 Col b x Sting Add-on	\$1.74	\$1,74								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$20.87	\$3.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.32	\$89.95	\$0.00	\$20.95	\$23.52	\$0.00	\$44,87	\$0.28	\$7.35	\$1,40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.42		I	<u> </u>	L	1	1			1

\$17.10

\$17.47

\$35.05

\$0.00

\$0.64

\$0.00

\$7.63

\$0.00

\$0.67

\$0.00

\$0.00

Provid	er: Pleasant View Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr	ID: 00142546A		Gro	wth Allowance:	N/A	18.37%		Rase Perior	Overall CMI		1.1323	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score		2.5%			Medicaid CMI		1.2852	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q			2.0%	Ortrly Mcaid	CMI w RUG \			1.3056	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Co	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
500000	eer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
900	se Period Per Diem Allowed Amounts											
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	4 .,	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$
	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)		\$5,825	\$28,03
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,03
	Total Nursing Facility Days  As Filed Days = 42,132  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 39,362	FY12 Audited C/R Days 18 GL-PL Ins Rpt D FY 18 C/R Days	42,132									
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	040.70	***		****	39,362		
	Base Period Facility Case Mix Adjustrit to Routine Sives	from 4 atrs of FY12	\$94.39	1.1323	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.6
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$0.6
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	-	\$20.56	\$0.04	\$9.85 N/A	\$0.6
2000	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	00.0
	uarterly Per Diem Rate Prior to Add-ons	20000 01 211 12 01 211 10	\$60.51	φ55.74	\$0.00	\$10.72	\$12,00		\$14.65	\$0.64	(FRV)	\$0.6
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.33	\$7.30	\$0.00	\$1.97	\$2.33	\$0.00	\$2.73	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.24	\$47.04	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.6
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3056	40.00	<b>\$12.33</b>	ψ1-1.55	Ψ0.00	ψ17.50	ψ0.04	φ1.03	φ0.0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.42								
19 Q	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.62	\$61.42	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.6
Qu	uarterly Per Diem Add-on Amounts				1.700		Ţ. 1100	1	,,,,,,	\$5.54	Ψ1.00	\$0.0
20 E	efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54		1	+3.11	45.00	\$5.07		40.00	
22 N	lurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23				1				
2260,000	huseing Home Dravides Con	(Fined Amount)	017.40	ψ1.E0					2			

\$17.10

\$21.40

\$137.02

\$89.94

\$147.00

\$97.43

\$3.30

\$64.72

\$0.00

\$0.00

\$0.22

\$12.91

\$0.41

\$15.40

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

(Ln 27 - Ln 23) \* 0.75

23

Nursing Home Provider Fee

24 Total Quarterly Per Diem Add-on Amounts

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Minimum Quarterly Case Mix Based Per Diem Rate

Provi Prvd	r ID: 00222582A	014 410000		wth Allowance:	,	Add-on Percent 18.37%	Cas		Overall CMI:		Facility <u>Specific</u> 1,3070	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	urs per On-Site Day/Q	trly BIMS score uality Incentive:		5.5% 2.0%	Orthy Meaid	Quarterly ! CMI w RUG \	Medicaid CMI; Mght Options:		1.7016 1.7350	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d;	е	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS			· ·	İ	: :			:			
1 0	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1			:
. :	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		:
P	eer Group Standards & Efficiency Measure Limits					1				.		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
6	lase Period Per Diem Allowed Amounts			!		1				1		
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932.00	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$395,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	50	\$325,262	\$250,159	\$240,904	\$445,007	\$58.342	\$357,724	
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650			1					400.(12.	
1 :	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days				1				27,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.74	\$61,68	\$0.00	\$11,76	\$17.76	(with L&H)	\$16.09	\$2,13	\$12.94	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3070	:	:	******				Q TALLOT	. 41,00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19		:		1		: [		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11,76	\$17.76		\$16.09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.52	\$47,19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21	\$1.38
					•	į i				1	(FRV)	
-	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %			:							i
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.05	\$8.67	\$0.00	\$2,16	\$3.26	\$0.00	\$2.96	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$121.57		\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		1.7350 \$96.92		1			:	1		:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$162.63	\$96.92		\$13.92	\$21.02	\$0.00	\$19.05	\$2,13	\$8.21	\$1,38
	Quarterly Per Diem Add-on Amounts				1	:		1			40.2.1	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: 1	\$0.00	
1 :	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.33	\$5.33	. 40.00	90.22	φυ.41	φυ.υυ	90.37	<u> </u>	20.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.94	\$1.94	i	1			1			:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 2	:				\$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	\$17.10	\$0.00	\$0.00	\$0.00
25 G	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.53	\$104.72	\$0.00	\$14.14	\$21.43	\$0.00	\$36.52	\$2.13	\$8.21	•
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	5128.57			<u></u>		1		40	7512.1	+1.00

1	rovider: Powder Springs Center For Nursing & Healing		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
. Pi	rvdr ID: 00530824A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 23.7%	18.37% 1.0%			d Overall CMI		1.3795	1.3617
!	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.30	3.0%	Ortrly Meaid	CMI w RUG \	Medicaid CMI Wght Options		1.5384 1.5625	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	b	C	d	е	· f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS					1						
-									1	1		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	i i		
:	Type of Facility within Peer Group  Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	1		
1		i		All Dea Oizes	All Ded Sizes	All Dea Sizes	All Ded Gizes	All Ded Sizes	All Dou 31205			
	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	İ	\$0.37			
ŧ.	Base Period Per Diem Allowed Amounts									!		
	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234.00	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478.534	\$2,238,868	\$267,364	64 000 075	
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)		\$0 \$0			1	•		\$1,880,975	\$0
. 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	(\$506,533) \$5,274,706	\$0 \$0		\$371 \$666,494	\$45,785	(\$885,856	· i .	(\$15,238)	\$125,262
8	Total Nursing Facility Days  As Filed Days = 70,979	FY12 Audited C/R Days	70.979	30,274,700	30	\$1,010,130	\$000,494	\$524,519	\$1,353,012	\$267,364	\$1,865,737	\$125,262
"	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 66,423	FY 18 GL-PL Ins Rpt Days	10,979	!					:	00.400		
9	Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	En 7 / En 8 Col a	\$156,46	\$74.31	\$0.00	\$14.23	\$16,78	(with L&H)	\$19.06	66,423	£00.00	04.70
10		from 4 glrs of FY12	\$100,40	1.3795	\$0.00	\$14.23	\$10.78	(WILD LGIT)	\$19.00	\$4.03	\$26.29	\$1.76
11		Ln 9 / Ln 10		\$53.87		į .		! :		1		
12		RS = Ln 11, AllOlhr = £n 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	64.00	toc no	
13	***************************************	per Peer Group Limits		\$71.51	\$0.00	\$14.23	\$23.09		\$20.56		\$26.29	\$1.76
14		Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$10.41	\$16.78	į	\$19.06		N/A	64.70
1			\$121.00	\$33.67	\$0.00	. 914,20	\$10.76	l f	\$19.00	\$4.03	12.13 (FRV)	\$1.76
1	Quarterly Per Diem Rate Prior to Add-ons	:		:		1			:	1 1		
15		Ln 14 x Grwth Allwnc %	\$19.09	\$9.90	\$0.00		\$3.08	\$0.00	\$3.50		N/A	N/A
16		Ln 14 + Ln 15	\$140.95	\$63.77	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
17	1	per Current Qtr End		<u>1.5625</u>				f I	1	1		
18		Ln 16 x Ln 17		\$99.64		1			:	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$176.82	\$99.64	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
1	Quarterly Per Diem Add-on Amounts	:							!			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.99	\$2.99		:				1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.44	\$104.16	\$0.00	\$17.06	\$20.27	\$0.00	\$40.03	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.76	:		<del>-</del>		4	1			
		(20120 20120) 0.10	419010	_								

Prvdr ID	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020	Gro								Specific	wide_
		8/14/2020		wth Allowance:	N/A	18.37%			Overall CMI:		1.1528	1.3617
			s per On-Site Day/Qı	trly BIMS score uality Incentive:	28.8% 2.74	1.0% 2.0%	Ortrly Moaid	Quarreny N CMI w RUG V	vledicaid CMI: Vght Options:		1.4394 1.4647	1.4961 1.5223
rr ·	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	1
CASE	MIX BASED RATE CALCULATIONS		!									
1						:			:	:	·	í
1 Cos	t Center Peer Groups	(see Policy Manual)	;	1	1	2	1	1	1			
:	Type of Facility within Peer Group Bed Size Range within Peer Group	:		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities	1	,	
1_	·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bea Sizes	All Bed Sizes	All Bed Sizes	1		
	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		F0 004	1		:
	er Group Standards: Fercentile er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		50.0% 105.0%			1
	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			j i
B	e Period Per Diem Allowed Amounts											
	Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620.00	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	657.400	6040 470	\$0
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)		\$0 \$0	1				\$57,432	\$240,470	
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	(\$81,239) \$1,365,759	\$0 \$0	(\$409) \$344,049	(\$2,217) \$169,462	(\$2,426) \$136,928	(\$213,806)	657.400	(\$9,773)	\$10,791
	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520	\$1,303,739	30	\$344,049	\$109,402	\$130,920	\$308,423	\$57,432	\$230,697	\$10,791
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days	20,520							35.818		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$126.66	\$66.56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15.03	\$1.60	\$11.24	\$0.53
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$120.00	1.1528	40.00	. 910.77	\$14.83 i	(4707 4.617)	\$15.05	\$1.00	\$11.24	\$0.55
	Routine Srycs Case Mix Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93	i Ī	\$15.03	\$1.60	\$11,24	\$0.53
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$11,24 N/A	\$0.55
	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114,45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1,60	7.85	: \$0.53
1	•	:	4.1	451.77		• • • • • • • • • • • • • • • • • • • •	<b>Q</b> 14.50			\$1.00	(FRV)	:
	rterly Per Diem Rate Prior to Add-ons	:	i i									
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$10.61	\$0.00	\$3.08	\$2.74	\$0.00	\$2.76	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.64	\$68.35	\$0.00	\$19.85	\$17.67	\$0.00	\$17,79	\$1.60	\$7.85	\$0.53
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	;	<u>1.4647</u>		1						
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.11			<b>.</b>					:
19 Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.40	\$100.11	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53
Qua	rterly Per Diem Add-on Amounts							l		1		i E
20 Eff	ficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	ì
21 BI	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,00	\$1.00				1	1	1	·	I .
22 Nu	urse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.00	\$2.00		1		!	:	:		:
23 Nu	ırsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$3.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.03	\$103.64	\$0.00	\$20.07	\$18.08	\$0.00	\$35.26	\$1.60	\$7.85	\$0.53
26 i Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.45						<u> </u>	<u> </u>		<del></del>

	rovider: Presbyterían Home, Quitman, Inc.		Add-on Data and	<del></del>	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	rvdr ID: 00142579A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hour		owth Allowance: trly BIMS score uality Incentive:	N/A 50.6% 3.57	18.37% 5.5% 3.0%	Ortrly Meaid		l Overall CMI: Vedicaid CMI: Vght Options:		1.1395 1.3508 1.3731	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	đ	е	f	g	9	h	ı
C	ASE MIX BASED RATE CALCULATIONS	!		:						;		
1	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1	. #	]		
	Type of Facility within Peer Group	tace Folicy Manualy		All Facilities	All Facilities		All Facilities	All Facilities	. I All Facilities			,
	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					1		: :				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%	!		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			5
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37			f
	Base Period Per Diem Allowed Amounts	:										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,337,985.00	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	: \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)	1	(\$82,762)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
8	Total Nursing Facility Days As Filed Days = 65,959	FY12 Audited C/R Days	65,959		:	1		1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days			:	E :		!	:	64,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.61	\$74,15	\$0.00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0.82	\$14.14	\$1.25
10	· · · · · · · · · · · · · · · · · · ·	from 4 qtrs of FY12		<u>1.1395</u>		:		İ		1		
11		Ln 9 / Ln 10		\$65.07		: :		!				
12		RS = Ln 11, AllOthr = £n 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46	\$1,25
	Quarterly Per Diem Rate Prior to Add-ons	:							:	1	(FRV)	1
15	· · · · · ·	Ln 14 x Grwth Allwnc %	\$23.34	\$11.95	\$0.00	\$3.38	\$4.23	\$0.00	\$3.78	N/A	N/A	. N/A
16	· —	Ln 14 + Ln 15	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00		\$0.82	\$19.46	\$1.25
17		per Current Qtr End	*******	1.3731		42	421.20	\$5.55		10.02	<b>410.40</b>	Ψ1,2
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.76					1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = £n 16	\$200.68	\$105.76	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1,25
	Quarterly Per Diem Add-on Amounts					1				1		
20	•	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	1
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	LB 19 Col b x CPS Add-on	\$5.82	\$5.82	. 90.00	\$0.00	φυ.υ4	ው ው		1	\$0.00	
22		Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17				:	· !			
23	· —— ·	(Fixed Amount)	\$0.00		:				\$0.00			1
24	. •	Sum of Lns 20 thru 23	\$9.56	\$9.52	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$210.24	\$115.28	\$0.00	\$21.79	\$27,30	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
		g - 20 L - 20 t 2 75				:	7		<del></del>	70.01	¥.0.70	1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.68									

Provider: Presbyterian Village, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: 90362832A  Case Mix Per Diem Rate Effective D	nd (10000		wth Allowance:		18.37%			d Overall CMI:		1.2644	1.3617
MDS & Nurse Hrs Data per Quarter End		urs per On-Site Day/Q	trly BIMS score uality Incentive:		2.5% 3.0%	Ortrly Moaid	Quarteny I CMI w RUG !	Medicaid CMI: Woht Options:		1.5319 1.5612	1.4961 1.5223
Line Description	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin	A&G- GL-PL	Property and	Taxes
# Description	Calculations	:	Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
	· · · · · · · · · · · · · · · · · · ·	а	ь	С	d	e	f	g	9	ħ	í
CASE MIX BASED RATE CALCULATIONS	:		:	,			:		!		
1 Cost Center Peer Groups	(see Policy Manual)	: :	! . 1	. 1	2	1	1	1 1			
Type of Facility within Peer Group	(see I shoy mandal)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Peer Group Standards & Efficiency Measure Limits								!			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%	: !		
3 Peer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	[		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	İ	\$0.37	1		
Base Period Per Diem Allowed Amounts		•	:				\$	1	1		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766.00	\$3,497,168	: : \$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	50
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,647)	(\$14,696)	\$0	\$0	\$0	\$4,740	(\$77,691)		(\$26,496)	\$26,496
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0	\$656,133	\$463,367	\$505,940	\$1,265,183	\$37,499	\$524,029	\$26,496
8 Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499	:						1 1 1	*	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days	· :	¥		:			:	35,475		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2644				:	'	1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45		1 1				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71
13 Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	;	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$71.51	\$0.00	\$17.50	\$23.09	}	\$20.56	\$1.06	18.26	\$0.71
Quarterly Per Diem Rate Prior to Add-ons	:				1			'		(FRV)	
15 Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwiic %	\$24.37	\$13.14	\$0.00	\$3.21	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33			\$1.06	\$18.26	\$0.71
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.5612		420	<b>427.00</b>	Ψ0.00	\$24.54	Ψ1.00	\$10.20	φυ./ ι
18   Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.16	:	i i						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$224.57	\$132.16	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
Quarterly Per Diem Add-on Amounts	:	:		:							
20 Efficiency Add-on Per Diem ([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		<b>¢</b> 0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine S		\$3.30	\$3.30	. 30.00	φυ.2Z	φυ.υυ	\$0.00	\$0.00	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.96	\$3.96		: !			1			
23 Nursing Home Provider Fee	(Fixed Amount)	\$0.00	. 20,30		i .		1	\$0.00	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.48	\$7.26	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.05	\$139.42	\$0.00	+	\$27.33	· <del>····</del>		\$1.06	\$18.26	\$0.00
26 Quartedy Per Diom Pate for Ped Hold and Lawy Day	# - 25 J - 22\ 1 - 27				1	72.100	1 11.00	72.107	+	Ų 13.20	40.71
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.04									

	rovider: Providence Healthcare of Sparta		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	rvdr ID: 00142623A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: Iny BIMS score uality Incentive:	N/A 50.0% 2.43	18.37% 5.5% 2.0%	Qrtrly Mcaid		i Overall CMI; Medicaid CMI; Nght Options:		1,2494 1,4645 1,4906	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· 			а	b	С	d	е	f	g	g	h	<u> </u>
C	ASE MIX BASED RATE CALCULATIONS		; :	<b>i</b>		:		:	:			
1	Cost Center Peer Groups	(see Policy Manual)	i	1		2	1	1	1	: 1		
	Type of Facility within Peer Group Bed Size Range within Peer Group	(coo / chey manage		All Facilities All Bed Sizes	All Fecilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
į	Peer Group Standards & Efficiency Measure Limits		!	!						!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
, ~	Emiliency measure maximums (see line 20 for actually	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					1				1		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770.00	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786	i		1				1		:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days				1			:	20,565		
9		Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21.40	(with L&H)	\$21.40	\$1.96	\$13.58	\$1.12
10		from 4 qtrs of FY12		1.2494		1		İ	:			:
11		Ln 9 / Ln 10		\$64.82					:			
12		RS = Ln 11, AllOlhr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40	!	\$21.40	\$1.96	\$13.58	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40		\$20.56	\$1.96	8.72	\$1,12
	Quarterly Per Diem Rate Prior to Add-ons		:			1					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.58	\$11,91	\$0.00	\$2.96	\$3.93	\$0.00	\$3.78	N/A	N/A	N/A
16		Ln 14 + £n 15	\$157.25	\$76.73	\$0.00	\$19.05	\$25.33	\$0.00	\$24,34	\$1.96	\$8.72	\$1.12
17		per Current Qtr End		1.4906		1				1		i
18		Ln 16 x Ln 17		\$114.37		1		!				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$194.89	\$114.37	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
	Quarterly Per Diem Add-on Amounts							1				!
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	:
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29		1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29				1	;			!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	1		i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.73	\$123.48	\$0.00	\$19.27	\$25.74	\$0.00	\$41.44	\$1.96	\$8.72	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.47			٠		· · · · · · · · · · · · · · · · · · ·	1.			<u>:</u>
	<u> </u>		V									

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr		014 110000		wth Allowance:	N/A	18.37%			Overall CMI:		1.2794	1.3617
1	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho	ى Durs per On-Site Day/Qi	Irly BIMS score	45.5% 3.13	5.5% 2.0%	Ordry Menid	Quarterly N CMI w RUG V	Medicaid CMI:		1,4729 1,4983	1.4961 1.5223
<u>:</u>	and a resource par quarter groung.		on the bayre	bonty mocnare.	J. 10	2.070	Citily Wicald	CIVII W INDO F	rgiit Options.		1.4903	1.5225
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	ħ	i
CAS	E MIX BASED RATE CALCULATIONS		:			:					j	
						1						
1 C	ost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)	:	1 Ali Facilities	1	2	1	1	1	1	:	
	Bed Size Rango within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
1 1	•			All Det Sizes	. All Ded Sizes	All bed Sizes	All Bed Sizes	All DEG SIZES	AH BEG SIZES			
	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	05.687		50.007			
	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%	1		
1 -	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
1 1		,,				1	45					
1 :	ase Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rp				1			:		_	
	As Filed Cost Center Costs (Routine & Special Styce Combined)	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$0	1 1 1 1 1 1 1	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$287,496)	(\$4,808)		1 1 1	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
8	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36,622			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days							•	31,325		
1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2794</u>		- 1		!	1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09		1			:	1		
1 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00		\$17.03		\$15.39	\$1.37	\$0.95	\$0.59
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54	\$0.59
Qı	uarterly Per Diem Rate Prior to Add-ons					1			i	1	(FRV)	
15 1	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.19	\$8.83	\$0.00	\$2,40	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.27	\$56.92	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1,37	\$7.54	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4983								*****
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	iπ 16 x Ln 17		\$85,28		1		i		1		
19 (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$148.63	\$85.28	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1,37	\$7.54	\$0.59
0.	uarterly Per Diem Add-on Amounts							<u>}</u>		1		
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	60.07	1	#0.00	
1 :	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Co! b x CPS Add-on	\$4.69	\$0.53 \$4.69	\$0.00	\$0.22	\$0.41	. 50.00	\$0.37	1	\$0.00	
1 1	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$1.71	\$4.69		1				1	_	
1 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$1.71		1			61740			
1 1	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	50.00	60.55	*0 **
i	uarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	<u> </u>	· · · · · · · · · · · · · · · · · · ·	····	<del></del>			<del>+~</del>	\$0.00	\$0.00	\$0.00
23 (4)	Butterly vase mix Daseu Fel Diem Rate	L(1 +3 + L)+ 24	\$173.66	\$92.21	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	\$0.59
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.42									

	rovider: PruittHealth - Ashburn, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
, P	rvor io: 00140104A Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 23.0%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.3806 1.7130	1.3617 1.4961
:	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q			3.0%	Ortrly Moaid	CMI w RUG \			1.7463	1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	ď	е	f	g	9	h	ì
g	CASE MIX BASED RATE CALCULATIONS							:	1			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
1	Peer Group Standards & Efficiency Measure Limits			:	i			:	1	i I		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
- 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
:	Base Period Per Diem Allowed Amounts				:			:		:		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964.00	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	: \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869					:	:	1 1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-Pt. Ins Rpt Days			:	1		:		23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13,15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02
: 10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3806</u>		1		:	!	1	,	:
: 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£л 9 / Ln 10		\$55.60		:			Į.			
12		RS = £n 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13,15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02
13	, , , , , , , , , , , , , , , , , , , ,	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
. 14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07	:	\$17.31	\$7.95	8.92	\$1.0
:	Quarterly Per Diem Rate Prior to Add-ons					1			:	1	(FRV)	
15	· · · · · · · · · · · · · · · · · · ·	Ln 14 x Grwth Allwnc %	\$19.31	\$10.21	\$0.00	\$2.42	\$3.50	\$0.00	\$3.18	N/A	N/A	N/A
16		£n 14 + Ln 15	\$142.33	\$65.81	\$0.00		\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	1
17		per Current Qtr End	Q.7-2.00	1.7463	. 40.00	\$10.57	922.J1	. 40.00	\$20.43	\$1.95	30.92	\$1.02
18		Ln 16 x Ln 17		\$114.92		1			1	1		
19		RS = Ln 18, AliOthr = Ln 16	\$191.44	\$114.92	\$0.00	\$15,57	\$22.57	\$0.00	\$20.49	\$7,95	\$8.92	\$1.02
	Quarterly Per Diem Add-on Amounts									1	73.02	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	60.00	<b>60.44</b>			i i		
21		Ln 19 Col b x CPS Add-on	\$1.53 \$1.15	\$0.53 \$1.15	30.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
22		Ln 19 Col b x Siling Add-on	\$3.45	\$1.15 \$3.45					1	i		
23	-	(Fixed Amount)	\$17.10	30.40	:			:	\$17.10			
24	· -	Sum of Las 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	; ; \$0.00
25		Ln 19 + Ln 24	\$214.67	\$120.05	\$0.00	\$15.79	\$22.98	\$0.00	\$37.96	\$7.95	\$8.92	\$1.02
	Overtally Day Diag Date for Dad Hald		***************************************				722.00		451.50	******	40.3Z	<b>\$1.02</b>
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.18									

	ovider: PruittHealth - Athens Heritage, LLC  vdr ID: 00141391A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: rly BIMS score	Facility Score N/A 19.5% 3.43	Add-on <u>Percent</u> 18.37% 0.0% 3.0%		Quarterly N	MI) Data  I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.6031 1.5212 1.5473	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388.00	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.6031								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.83 \$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$59.83 \$71.51	\$0.00	\$15.92	\$29.30		\$20.56	\$0.00	\$10.52 N/A	\$3.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	17.19	\$3.40
'-		200001 01 211 12 01 211 10	Ψ147.40	ψ55.00	ψ0.00	ψ13.32	Ψ23.03		Ψ20.50	Ψ1.40	(FRV)	ψ5.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$21.93	\$10.99	\$0.00	\$2.92	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5473 \$109.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.14	\$109.58	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	*****	****	******	*****	40.00		*****	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.14	\$3.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.28	\$113.40	\$0.00	\$19.06	\$27.33	\$0.00	\$41.44	\$7.46	\$17.19	\$3.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.14									

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr IC	D: 00059463A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: try BIMS score uality Incentive:	N/A 17.5% 3.65	18.37% 0.0% 3.0%	Qrtrly Meaid		d Overall CMI: Medicald CMI: Wght Options:		1.4445 1.4378 1.4616	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	T I
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bad Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			•
	r Group Standards & Efficiency Measure Limits					i		İ	) (	1		
	eer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%	1	50.0%			
	eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		. 100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41	İ	105.0%			
- :		(see Folicy (wanuar)	•	30.53	30.00	30.22	30.41		\$0.37			
	e Period Per Diem Allowed Amounts			:	:	f :		!	:			
	s Filed Cost Center Costs (Rouline & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847.00		\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,918)	,	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
	Total Nursing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33,329			1		1	:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days						1		29,845		
	et Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9.49	\$1.38
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4445	:	1		1				
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29				1	•			
í	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62,29	\$0.00	\$15.08	\$17.80	1	\$19.51	\$8.06	\$9.49	\$1.38
1	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 0	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ch 12 of Ch 13	\$133,48	\$62.29	\$0.00	\$15.08	\$17.80	i	\$19.51	\$8.06	9.36 (FRV)	\$1.38
	nterly Per Diem Rate Prior to Add-ons					i j			:		(rnv)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.06	\$11.44	\$0.00	\$2.77	\$3.27	\$0.00	\$3.58	N/A	N/A	N/A
	MA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$73.73	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	<u>1.4616</u>		1 :						
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.76				:		j.		
19 Qı	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.57	\$107.76	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
Qua	arterly Per Diem Add-on Amounts				•			:				
20 Ef	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								1
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.23	\$3.23		1		:		1		
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.43	\$111.52	\$0.00	\$18.07	\$21.48	\$0.00	\$40.56	\$8.06	\$9.36	\$1,38
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.00				··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	***************************************		1		I

Provider: PruittHealth Augusta Hills		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00245055A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score uality Incentive:	N/A 37.7% 3.63	18.37% 2.5% 3.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI: Vght Options:		1.4845 1.4335 1.4579	1.3617 1.4961 1.5223
Line: Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		8	b	С	ď	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	İ				1 :						
1 Cost Center Peer Groups	(see Policy Manual)		1		2	1	1				
Type of Facility within Peer Group	(see Policy Manual)		All Facilities	. 1 Ali Facilities	Free Standing	7 All Facilities	7 All Facilities	1 All Facilities			
Bed Size Range within Peer Group	:		All Bed Sizes	All Bad Sizes	• .	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	1	i	i								
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	!		1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
Base Period Per Diem Allowed Amounts			!		. :				! !		:
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759.00	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	. \$
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,996)	(\$5,407)	\$0 \$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)	4000,100	(\$64,266)	\$60,53
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,53
8 Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37.879	40,070,002		0010.041	Ψ-01,101	\$527,025	4000,000	Ψ000,100	<b>\$252,255</b>	. 400,00
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rot Days	01,010	!		1				30,432		
9 Net Per Diems prior to Case Mix Adistmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	: : \$1.6
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	***************************************	1.4845	40.00	1	020.10	,	. 417.00	Ψ5.50	\$0.00	. 91.0
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02					:	i		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20,19		\$17.56	\$9.96	\$6.66	• \$1.6
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits	!	\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04	: \$1.6
	<i>t</i>	!	!		1					(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %					<b>.</b>			i ;		
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwinc %	\$20.96	\$11.03	\$0.00	\$2.99	\$3.71	\$0.00	\$3.23	N/A	N/A	N/A
16 : CMA Allowed Per Diem (After Growth Allowance Add-on) 17 : Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$155.61	\$71.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.6
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  18 Qrthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4579		1			:			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.14	\$103.58 \$103.58	\$0.00	\$19.27	\$23.90	\$0.00		00.00	40.04	1
,	7.5 - Eli 76, 7.110 III - Eli 75	\$100,14	\$103.30	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.6
Quarterly Per Diem Add-on Amounts			:		1		I	i	:		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.59	\$2.59		1		! !				
Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11		1		:		<u>.</u>		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	I I		: :			\$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	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.47	\$109.81	\$0.00	\$19.49	\$24.31	\$0.00	\$38.26	\$9.96	\$9.04	\$1.6
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.53			·			l			L

	ovider: PruittHealth - Austell vdr ID: 00059276A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 25.3% 3.39	Add-on <u>Percent</u> 18.37% 1.0% 3.0%	Case  Ortrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5684 1.5488 1.5774	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257.00	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16.99	\$23.57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5684</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16.99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										` ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.58	\$10.44	\$0.00	\$3.12	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.59	\$67.25	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5774</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.42	\$106.08	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$4.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.51	\$110.85	\$0.00	\$20.33	\$27.33	\$0.00	\$41.44	\$7.22	\$15.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.56									

	vider: PruittHealth - Blue Ridge, LLC		Add-on Data and		Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Piv	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hor		owth Allowance: thy BIMS score uality Incentive:	42.9%	18.37% 2.5% 2.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI: Vght Options:		1.5336 1.4495 1.4744	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>.</u>			а	b	<u> </u>	<u>d</u>	е	f	9	g	h	i i
CA	SE MIX BASED RATE CALCULATIONS			:				! \ :				
1	Cost Center Peer Groups	(see Policy Manual)		. 1	: 1	2	1	1	! . 1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(See t only manuary		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							:	!			:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	<u> </u>	50.0%	i i		
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0%		105.0%	1		
. 7	Linuarity measure maximums (see into 20 for actual)	(see Policy Manual)		\$0.53	. 20.00	\$0.22	\$0.41		\$0.37			!
1 1	Base Period Per Diem Allowed Amounts			:				:	l	i j		1
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,508,415.00	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)		(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)	1	(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332	i .		1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days		:		1 1		:	ĺ	34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.5336						1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57						:		:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$55.57	\$0.00		\$20.83		\$20.73	\$6.95	\$2.65	· \$1.18
14	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits Lesser of Ln 12 or Ln 13	6407.70	\$71.51	\$0.00	1	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 of En 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83	:	\$20.56	\$6.95	7.97	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	;
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$20.53	\$10.21	\$0.00	\$2.71	\$3.83	\$0.00	\$3.78	N/A	N/A	. N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£л 14 + Ln 15	\$148.32	\$65.78	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4744	:	1						} :
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i	\$96.99						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.53	\$96.99	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
	Quarterly Per Diem Add-on Amounts				:							:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42			43.71				\$3.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.94	\$1.94	:	1			:	1		}
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	ļ :		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.15	\$101.88	\$0.00	\$17.66	\$25.07	\$0.00	\$41.44	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.79	·	··· ···	نــــــن			·	<del></del>		>
<u> </u>												

Provi			Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	Mix Index (C	Mi) Data I Overall CMI	-	Facility Specific 1.6566	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		rly BIMS score	26.9% 3.88	1.0% 4.0%	Ortrly Moaid		dedicaid CMI		1.6215 1.6485	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			а	ь	C	: d	ė	ſ	g	g	ħ	i
CAS	E MIX BASED RATE CALCULATIONS		!						· :			
1 0	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
' : -	Type of Facility within Peer Group	(303 t and) Mandally	;	All Facilities	All Facilities	:	All Facilities	All Facilities	All Facilities	1		
1	Bed Size Rango within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
P	eer Group Standards & Efficiency Measure Limits	:				1		•				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 1	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%			
4 ;	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	7		
8	ase Period Per Diem Allowed Amounts	:	:			į .		;	!	1		
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,389,770.00	\$5,803,797	50	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799.912	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)			(\$127,055)	\$120,089
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	50	\$923,090	\$674,652	, , ,	\$1,250,643	·	\$672,857	\$120,089
8 <sup>i</sup>	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101		-		*				40,2,00,	4120,000
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days	******			:			!	53,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.11	\$113,14	\$0.00	\$18,06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6566			*			1	4.0.,,	42.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 9 / En 10		\$68.30		1 1				i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20.81		\$24.47	\$7.11	\$13.17	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00		\$20.81		\$20.56	\$7.11	11.76	\$2.35
	:	:				1					(FRV)	, , , ,
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage   18.37%	Ln 14 x Grwth Allyme %	500 47	640.55	00.00	-	** **					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Allwinc %	\$23.47	\$12.55	\$0.00	\$3.32	\$3.82		\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$172.42	\$80.85	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
18 1	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6485</u> \$133.28		:				1		
' '	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.85	\$133.28	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7,11	\$11.76	60.05
	· ·		\$224.05	\$100.20	30.00	φ21.30	\$24.03	\$0.00	\$24.54	\$7,11	\$11.76	\$2.35
	uarterly Per Diem Add-on Amounts							:		1		
2 1	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33		1			! 	1		
	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$5.33	\$5.33		1		:		1		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:		<i>i</i>	\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$7.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.77	\$140.47	\$0.00	\$21.60	\$25.04	\$0.00	\$41.44	\$7.11	\$11.76	\$2.35
26 0	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.50						l	- <del> </del>		

Facility Add-on Facility State-Provider: Pruitt Covington Add-on Data and Percentages Score Percent Specific Case Mix Index (CMI) Data wide Prvdr ID: 00265196A Growth Allowance: N/A 18.37% Base Period Overall CMI: 1.3923 1.4014 Case Mix Per Diem Rate Effective Date: 08/14/20 Qtrly BIMS score 27.7% 1.0% Quarterly Medicaid CMI: 1.5619 1.4961 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Meaid CMI w RUG Waht Options: 1.5892 1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
-	Base Period Per Diem Allowed Amounts	A- 51-15/44 0/B 5/40 0/ BI B-1										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	1,00,000	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$101,487)		\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13.40	\$1.6
10		from 4 qtrs of FY10		1.3923								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10					10.20100000000		100 (000)	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.10	\$0.00	\$17.62	\$23.60		\$21.93	\$7.06	\$13.40	\$1.6
13		per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.20	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.33	\$1.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$22.64	\$11.04	\$0.00	\$3.24	\$4.33	\$0.00	\$4.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.84	\$71.14	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.33	\$1.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5892	1800000000							
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.76	\$113.06	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.33	\$1.6
	Quarterly Per Diem Add-on Amounts											
20	A section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13	7.700		<b>\$3.00</b>	\$5.00	\$0.07		ψ0.00	
22	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	15 VC + 65 G + 75 C + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC + 75 VC +	(Fixed Amount)	\$17.10	0.500.000					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.05	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.50	\$118.11	\$0.00	\$21.08	\$27.88	\$0.00	\$43.43	\$7.06	\$10.33	\$1.6
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.30						A		*	

1	ovider: PruittHealth - Crestwood		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pr	vdr ID: 00140764A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.5323	1.3617
! !	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	8/14/2020 03/31/20 Nurse Hou	Qi irs per On-Site Day/Qi	trly BIMS score	47.8% 3.41	5.5% 3.0%	Ordela Maniel	Quarterly I CMI w RUG \	Medicaid CMI:		1.3894	1.4961
	MIDS & Roise (its Data per Quarter Chang.	03/3 1/20 Noise Not	ns per On-site Day/Qi	Danty IIICEIIIIVE.	J.41	3.078	Citily Ivicals	CMIWRUG	right Options:		1.4160	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	£	ď	е	f	9	q	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	***************************************						:				
. 1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1	1 1		
	Type of Facility within Peer Group	(oco r one) nimozaj		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			I
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	,	1		
:	Peer Group Standards & Efficiency Measure Limits		i							1		
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%		105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			İ
	Base Period Per Diem Allowed Amounts			· ·				: !	:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947.00	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	- \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925			i i					•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days	:						:	25,297		:
, 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$151.21	\$88,17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5,47	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.5323				1	:		*****	:
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54		1			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13,81	\$17.17	!	\$18.16	\$7.51	\$5,47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51		\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16		8.44	\$0.92
ì	•		:	•=			•			4,,,,,	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons		:					ļ		i		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Aliwnc %	\$19.60	\$10.57	\$0.00	\$2.54	\$3.15	\$0.00		N/A	N/A	; N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lл 15	\$143.15	\$68.11	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.4160	:	1		•				I
18	• • • • • • • • • • • • • • • • • • • •	£n 16 x Ln 17		\$96.44		1				: :		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$171.48	\$96.44	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
	Quarterly Per Diem Add-on Amounts		:			1		:	!	1		i
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30	:	1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.89	\$2.89	:				1	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.82	\$8.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.30	\$105.16	\$0.00	\$16.57	\$20.73	\$0.00	\$38.97	\$7.51	\$8.44	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.90		<del></del>			÷	<i>i</i>	<del>1</del>		<u> </u>

	ovider: PruittHealth - Decatur vdr ID: 00252942A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 23.7% 3.64	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly N	MI) Data  d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4114 1.4665 1.4899	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345.00	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032	FY12 Audited C/R Days	49,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL Ins Rpt Days								49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4114</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.76	\$12.70	\$0.00	\$2.57	\$3.78	\$0.00	\$3.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.86	\$81.83	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4899</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.92								4
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.95	\$121.92	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.38	\$127.33	\$0.00	\$16.79	\$24.75	\$0.00	\$41.27	\$7.11	\$15.57	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.96									

0.00	ovider: PruittHealth- Eastside rvdr ID: 00140687A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020		wth Allowance: trly BIMS score	Score N/A 24.7% 3.52	Add-on Percent 18.37% 1.0% 2.0%		Quarterly	(CMI) Data od Overall CMI: / Medicaid CMI: i Wght Options:		Facility Specific Use Stwde 1.5887 1.6195	State- wide 1.4014 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
0,	ASE MIX BASED HATE 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	70 TO			100000000000000000000000000000000000000							
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rp	st \$2,831,833	\$1,274.956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216.538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	\$0	\$0	\$0	\$0	\$0	(\$269,785)	*************	(\$16,881)	\$16,881
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,881
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874		187.020	100000000000000000000000000000000000000	W-90.505.005.007.00.00		0.0000000000000000000000000000000000000			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-PL Ins Rpt Days								26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3.94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4014								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.45	\$65.58	\$0.00	\$16.58	\$23.55		\$24.02	\$8.21	11.29	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$23.84	\$12.05	\$0.00	\$3.05	\$4.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.29	\$77.63	\$0.00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6195</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.38	\$125.72	\$0.00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.62	\$4.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.00	\$130.02	\$0.00	\$19.85	\$27.88	\$0.00	\$45.53	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.18									

	ovider: PruittHealth - Fairburn, LLC		Add-on Data and Percentages Growth Allowance: Qtrly BIMS score dours per On-Site Day/Quality Incentive:		Facility Score N/A 15.4% 3.98	Add-on <u>Percent</u> 18.37% 0.0% 4.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrirly Meaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1.4922 1.5667 1.5932	State- wide 1.3617 1.4961 1.5223
Pn	rdr ID: 00142997A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou										
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
: :			а	ь	C	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS				:							
. 1	Cost Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1	1			
1 :	Type of Facility within Peer Group	(ooo i oney manaay	:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits					1				; l		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	1		
1 1	Base Period Per Diem Allowed Amounts					1				1 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987.00	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$80,289)	\$70,451
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871					1		1		
' i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days								27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922						1		!
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95		i				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.86	\$71.51	\$0.00	\$16.80	\$21.92		\$20.56	\$7.30	14.24	\$2.53
.	Quarterly Per Diem Rate Prior to Add-ons							:		:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.04	\$13.14	\$0.00	\$3.09	\$4.03	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	էո 14 + Ln 15	\$178.90	\$84.65	\$0.00	\$19.89	\$25,95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5932	:	4.0.00	420.00	<b>4</b> 5.00	J2-1.0-1	<b></b>	Ψ14.24	ΨΕ.σ.
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.86		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$229.11	\$134.86	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
	Overstoniu Bar Diam Add on Amounts		1	:		1						
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	φυ.υυ	<b>ゆ</b> 0.22	\$U.41	30.00	\$0.00	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39		1				1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 40:00				:	\$17.10	1 :		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.39	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$252.23	\$140.25	\$0.00		\$26.36	\$0.00	\$41.44	\$7.30	\$14.24	\$2.53
-						420.11	<b>\$20.30</b>	40.00	941.44	91.30	\$14.24	\$2.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.35	:								

	rovider: PruittHealth- Fitzgerald	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Р	rvdr ID: 00140995A	00(44)00		th Allowance:	N/A	18,37%			Overall CMI:		1.2807	1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per		ly BIMS score stity Incentive:	15.5% 3.51	0.0% 1.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.4461 1.4737	1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	ħ	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		4	1	2	1	1	1			
	Type of Facility within Peer Group	tage I only manually		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			ļ								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$1
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,85
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,85
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days	j							23,941		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.9
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56,32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.32	\$0.00	\$13.59	\$27.86		\$25.21	\$7.84	\$7.92	\$0.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$136.99	\$56.32	\$0.00	\$13.59	\$23.27		\$23,46	\$7.84	11.53 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(PHV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$21,43	\$10.35	\$0.00	\$2.50	\$4.27	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$66.67	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4737</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.00	\$98.25	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.9
ĺ	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$0.98	\$0.98								
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	\$18.83	\$1.51	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.83	\$99.76	\$0.00	\$16.31	\$27.54	\$0.00	\$44.87	\$7.84	\$11.53	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23} * 0.75	\$143,80						1			1

	vider: PruittHealth - Fort Oglethorpe dr ID: 00214695A  Case Mix Per Diem Rate Effective Date: MDS & Norse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		owth Allowance: htrly BIMS score	Facility Score N/A 24.5% 3.07	Add-on <u>Percent</u> 18.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	;	Facility Specific 1.3512 1.3530 1.3729	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	С	ď	е	f	g	9	h	i
CA	SE MIX BASED RATE CALCULATIONS		1	:								
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	· ! ·	1 All Facilities All Bed Sizes		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					:			1	! .		
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	• • • • • • • • • • • • • • • • • • •	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
- 1	Base Period Per Diem Allowed Amounts		•					:	1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$5,844,982.00	\$3,167,076	: \$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)		\$0	(\$577)	\$1,727	\$1,033	(\$107,232)	1	(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593		\$0	\$577,745	\$467,550	\$279,794	\$692,962		\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820		•		0.0.,000	42.0,10		( OLOO), ()	Ψ2 (0,007	. 410,112
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days				1				40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.63	\$77.43	\$0.00	\$14,15	\$18.31	(with L&H)	\$16.98		\$5.36	\$1,19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3512					1		*	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	l.n 9 / Ln 10	1	\$57.31		1		1	1	1		
12	Net Per Diems after Case Mix AdjsImt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7.58 (FRV)	\$1,19
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	*******		00.00		44.44			:		
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.61 \$142.34	\$10.53 \$67.84	\$0.00 \$0.00	\$2.60 \$16.75	\$3.36	\$0.00 \$0.00	\$3.12		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$142.34		\$0.00	\$10.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1,19
18	Ortriy Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		1.3729 \$93.14		1			1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$167.64	\$93.14	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
i i	Quarterly Per Diem Add-on Amounts		•									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.93		φ0.00	Ψ0.22	φ0.41	\$0.00	\$0.31	į .	\$0.00	İ
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.86	\$1.86				1	•	1 :		!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			· !			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,42	\$3.32	\$0.00	\$0.22	\$0,41	\$0.00			\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.06	\$96.46	\$9.00	\$16.97	\$22.08	\$0.00	-	·	\$7.58	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128,97	· .		il		<del></del>		1		
		,	Ţ.20.57									

1	rovider: PruittHealth - Franklin, Inc		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 39.7%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.4254 1.3247	1.3617 1.4961
i	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.16	3.0%	Ortrly Meaid	CMI w RUG \			1.3460	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d ·	е	f	, g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS		!									
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	. 2	1		1	! !		
į	Type of Facility within Peer Group	(and I only warnar)		All Facilities	-	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group		•	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits		•			*			:	i l		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	-	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	İ	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			į						ţ.		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,811,934.00	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)	N i	(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772		\$0		\$170,758	\$218,504	\$541,164	' }	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623			1	*******			1		
! !	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days							1	24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Cola	\$146.27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21,12	The second second	\$8.12	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4254			•	1	;	1	******	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07		1			Ì	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15.19	1	\$21.12	\$7.73	\$8.12	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	4 7 7	N/A	!
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15,19	· †	\$20.56		9.71	\$0.67
	B							1			(FRV)	1
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %		240.00	****							
16		Ln 14 x Grwiii Allwric 78	\$19.35	\$10.30	\$0.00		\$2.79	\$0.00			N/A	N/A
17	,	per Current Qtr End	\$142.80	\$66.37	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
18	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17		1.3460				1	1	1		
19	,	RS = Ln 18, AllOlhr = Ln 16	\$165.76	\$89.33 \$89.33	£0.00	. 646.00	647.00	£0.00	004.04			
,,,	Quarterly Medicald CIMA Allowed Fer Dietti	113 - Eli 10, Allouii - Eli 10	\$100.70	\$08.33	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
ļ	Quarterly Per Diem Add-on Amounts							:	1			:
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BtMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23		3						
22		Ln 19 Col b x Sting Add-on	\$2.68	\$2.68						1 .		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$188.93	\$94.77	\$0.00	\$16.22	\$18.39	\$0.00	\$41.44	\$7.73	\$9.71	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.87	:					···········	1		
		,										

:	Provider: PruittHealth - Griffin, LLC		Add-on Data and		Facility Score	Add-an Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
۳	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	8/14/2020 03/31/20 Nurse Hot		owth Allowance: trly BIMS score uality Incentive:	N/A 37.8% 3.46	18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3383 1.3545 1.3798	1.3617 1.4961 1.5223
Line #	9 Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. a	ь	С	ď	е	f f	9	g	h	i
c	CASE MIX BASED RATE CALCULATIONS		i							1		
_= 			!		_	! :						
. 1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)	!	1 All Facilities	1	2	1	1	1	i i		
	Bed Size Range within Peer Group		: !	All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	i i		
			1	:	All Dec Ortos	All Dea Dizes	All Dec Sizes	All Ded Sizes	All Ded Sizes	1		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)	!	90.0%	90.0%	90.0%	85.0%	:	50.00/	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts	•	! !					•		1		!
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275.00	\$1.814.648	ćo	6040 450	5040 444	#040.000				
6		FY12 C/R Audit Adjstmts	1		\$0		\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$6
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$65,894) \$3,532,381		\$0		\$147	\$480	(\$60,375)		(\$23,339)	
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	33,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
Ÿ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL ins Rpt Days	23,313			1		1	1	1		
9		Ln 7 / Ln 8 Col a	\$150.24	\$76,74	\$0.00	\$13.25	540.00		***	22,296		
10		from 4 gtrs of FY12	3130.24	1.3383	30.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
11	·	En 9 / En 10	1	\$57.34		1		:				1
12	*** *** *** ******	RS = Ln 11. AllOthr = Ln 9	;	\$57.34	\$0.00	\$13.25	£40.00	:	600.04		212.55	
13		per Peer Group Limits	:	\$71.51	\$0.00	1	\$19.26 \$23.09		\$20.34	\$7.45	\$12.20	\$1.00
14		Lesser of Ln 12 or Ln 13	\$126.70	\$57.34	\$0.00				\$20.56	\$0.00	N/A	:
	Badd I and dad this rajustes in order at a signi	ESSESSION OF CITY TO	3120.10	937.34	30.00	\$13.25	\$19.26		\$20.34	\$7.45	8.06 (FRV)	\$1.00
:	Quarterly Per Diem Rate Prior to Add-ons		ı			1					(FAV)	
15		Ln 14 x Grwth Allwric %	\$20.24	\$10.53	\$0.00	\$2.43	\$3.54	\$0.00	\$3.74	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$146.94	\$67.87	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
17		per Current Qtr End	: 	1.3798		1		£ .	:	1		
18	· · · · · · · · · · · · · · · · · · ·	Լո 16 x Ln 17		\$93.65		1		ł	1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$172.72	\$93.65	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
	Quarterly Per Diem Add-on Amounts					1			1			! :
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16	:	\$0.00	!
21		Ln 19 Col b x CPS Add-on	\$2,34	\$2.34	45.50		Ψυ. ΤΙ	55.00	. 40,10	: /	90.00	ı
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Lя 19 Col b x Stfng Add-on	\$2.81	\$2.81		1				: :		!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17,10	1		i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.29	\$99.33	\$0.00	\$15.90	\$23.21	\$0.00	\$41.34	\$7.45	\$8.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	6424.20			<u> </u>			1		73100	·
20	workers i er breitt nate tot bed note and Leave bays	(CI 20 - CH 23) 0.75	\$134.39									

	ovider: PruittHealth-Greenville		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data	•	Facility Specific	State- wide
Pr	vdr ID: 00140038A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: ltrly BIMS score luality Incentive:	N/A 42.7% 3.11	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	•	1.4082 1.4175 1.4445	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. а	b	С	d	e	ſ	g	g	h	ī
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS			:				į				
1	Cost Center Peer Groups	(see Policy Manual)			1	2	1	1	1	1		
	Type of Facility within Peer Group Bed Size Range within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits								:			-
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0% \$0.00	100.0%	100.0%		105.0%	1		
~	Chiclency measure maximums (see into 20 for actual)	(see Policy Manual)	İ	\$0.53	30.00	\$0.22	\$0.41	i	\$0.37			
	Base Period Per Diem Allowed Amounts	3				:		i				)
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127.00	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)	)	(\$61,050)	\$57,23
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,23
8	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395			:		1				1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days	:			i i				33,930		•
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082		: :				1		:
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72		: :		:		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	\$6.62	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	I	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53,72	\$0.00	\$12.96	\$18.92	:	\$20.27	\$8.01	9.83	\$1,5
	Quarterly Per Diem Rate Prior to Add-ons					}		1		1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.45	\$9.87	\$0.00	\$2.38	\$3,48	\$0.00	\$3.72	N/A	N/A	. N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.73	\$63.59	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1,5
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qlr End	:	1.4445		1				,		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$91.86				!		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.00	\$91.86	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.5
	Quarterly Per Diem Add-on Amounts		:			: :						:
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30				, , , , ,	, , , ,			45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stycs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76		: :		i .				:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1	!				\$17.10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thre 23	\$23.54	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.54	\$97.45	\$0.00	\$15.56	\$22.81	\$0.00	\$41.31	\$8.01	\$9.83	<del>}</del>
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.58	<u> </u>		<u>:</u>		1	· 	4		

Provider: PruittHealth -Holly Hill		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID: 00141479A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.4465	1.3617
Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	22.2%	1.0%			Medicaid CMI:		1.4043	1,4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	3.59	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.4298	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	, ь	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS				:							1
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	. 1	1		1
Type of Facility within Peer Group	(,,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	(	All Bed Sizes	1 1		1
Peer Group Standards & Efficiency Measure Limits			:		1			,			•
2 Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	; f	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	r	\$0.37			1
Base Period Per Diem Allowed Amounts			:	:	i		, i				!
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GŁ-PL Rpt	\$4,983,322.00		\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	; \$
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	,	5	\$0	(\$1,191)	, , , , ,		and the second second	(\$21,364)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235	\$240,597	\$145,456	\$20,87
8 Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903		:							1
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days	i .			1				30,960		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4.56	\$0.6
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4465		:						i
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$63.47			_			1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22		\$4.56	\$0.6
13 Per Diem Standards (After Statewide CMA for Routine Strycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91	\$0.6
Quarterly Per Diem Rate Prior to Add-ons		ı							i i	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.59	\$11.66	\$0.00	\$2.59	\$3.18	\$0.00	\$3.16	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.00	\$75.13	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.6
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.4298		!						
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	!	\$107.42		:				1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.29	\$107.42	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.6
Quarterly Per Diem Add-on Amounts		1			:				1		1
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37	:	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07		1		:		1	73.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stvcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22		į				1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		!
24 Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.21	\$112.24	\$0.00	\$16.90	\$20.89	\$0.00	\$37.85	\$7.77	\$8.91	\$0.6
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.08	:					<del></del>	·		٠

Provid	er. PruittHealth -Jasper		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr l	ID: 00142436A		Gro	wth Allowance:	N/A	18.37%			Overall CMI:		1.5432	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	15.9%	0.0%			Medicaid CMI:		1.7593	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Qi	uality Incentive:	3,37	3.0%	Ortrly Mcaid	CMI w RUG \	Nght Options:		1.7931	1.5223
Line '	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	g	g	h	i
CASI	E MIX BASED RATE CALCULATIONS					i i						
1 Co	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	1		
	Type of Facility within Peer Group	(coot one) manaan,		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Pe	er Group Standards & Efficiency Measure Limits					1			1			
2 F	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
, Ва	se Period Per Diem Allowed Amounts					:						
5 /	As Filed Cost Center Costs (Routine & Special Sirves Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198.00	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	; S
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,56
7 (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,56
8	Total Nursing Facility Days As Filed Days = 19,472	FY12 Audited C/R Days	19,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days				:				19,054		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.1
10 '	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5432						i ·		Į.
11 (	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59				I	1	1		
12 : 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21	į	\$23.92	\$7.58	\$9.91	\$2.1
13 F	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85	\$2.1
	restants Day Dian Bata Brita to Add and					1 :				]	(FRV)	
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.97	640 OF	60.00	62.00	¢4.04					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	· .	\$10,95 \$70,54	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17 !	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current QIr End	\$169.11		\$0.00	\$19.34	\$27.33	\$0,00	\$24.34	\$7.58	\$17.85	\$2.1
18	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x £n 17		1.7931		1			:	!		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.06	\$126.49 \$126.49	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.1
			Ψ£20.00	ψ120.73	40.00	ψ13.5 <del>4</del>	Ψ2.7.33	φ0.00	Ψ£4.34	37.30	\$17.03	
	uarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	:
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00			÷ :			:			:
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79		1		i !				:
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17,10			:
·	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$4.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Qu	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.70	\$130.81	\$0.00	\$19.56	\$27.33	\$0.00	\$41.44	\$7.58	\$17.85	\$2.13
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.20		******				·			***************************************

-	ovider: PruittHealth -Lafayette, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PN	rdr ID: 00254394A Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			Overall CMI:		1.2862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	-1 - 7 - 7 - 7 - 7	ם rs per On-Site Day/Q	triy BIMS score uality Incentive:	26.3% 2.83	1.0% 2.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Nght Options:		1.4514 1.4762	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and	Taxes and
,		Galeciatoris	а	b	C	d	e	ox Mailit	: Gerierai	<del>                                     </del>	Related	Insurance
C.A	ASE MIX BASED RATE CALCULATIONS						e		. 9	9	h	: <u>'                                   </u>
	Cost Center Peer Groups	( D-E MD			1	2	1	!		;		
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	7 All Facilities	1 All Facilities	. 1 . All Facilities			
	Bed Size Range within Peer Group	:		, All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		2		
	Peer Group Standards & Efficiency Measure Limits					:				:		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	! !	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	(		:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
. :	Base Period Per Diem Allowed Amounts			:								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452.00	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	: \$698.980	\$240,597	\$246,316	S
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$93,574)	(\$9,162)	S0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	:
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	, , , , , , ,	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,13
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593	1							4	
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days		:		: !				29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862				5				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93		÷ .		i				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13 }	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96	:	\$18.84	\$8.22	7.73	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons			:							(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.24	\$11.56	\$0.00	\$2.74	\$3.48	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.47	\$74.49	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4762				:				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lπ 16 x Ln 17		\$109.96				į.				l
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.94	\$109.96	\$0.00	\$17.64	\$22,44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.6
	Quarterly Per Diem Add-on Amounts				:							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10			,		1-101	!	<b>+3.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20				ŧ		i i		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1 1			\$17.10	1		I I
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.87	\$113.79	\$0.00	\$17.86	\$22.85	\$0.00	\$39.77	\$8.22	\$7.73	\$0.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.33					·	<u></u>	! <u>i</u>		I

	ovider: PruittHealth - Lakehaven		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI	w	Facility Specific 1.4944	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	31,8% 3.26	2.5% 3.0%	Ortrly Moaid		Medicaid CMI	:	1.6570 1.6887	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	e	f	9	g	h	ı
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											Y
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2		,	. 1			
	Type of Facility within Peer Group	(see tolicy Manual)		. All Facilities	. All Facilities	Free Standing	1 All Facilities	All Facilities	All Facilities	: !		
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		[		:
1	Peer Group Standards & Efficiency Measure Limits	:						f.		:		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
	Base Period Per Diem Allowed Amounts			:		!		i				:
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486.00	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	St
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$85,328)		\$0	\$0	\$0	(\$1,472)		1	(\$25,340)	\$25,340
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	'! :	\$135,297	\$25,34
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31.097		40	\$ 100,077	4230,000	\$207,051	. 4504,520	Ψ2 10,030	\$133,297	323,340
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days				1				30,418		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79		\$4.35	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4944	******		4,0.00	,,,,,,,	. 4,0.13	1 31.12	Ψ4.00	φυ.υ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$60,29		1		i		!		i
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.29	\$0.00	\$14,64	\$16.03	i !	: \$18.79	\$7.12	\$4.35	\$0.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	i	\$20.56	1	N/A	. 40.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	1 1	\$16.03		\$18,79	1	7.21	\$0.8
:	Constant Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle Burgle	i					*				(FRV)	. 40.0
15	Quarterly Per Diem Rate Prior to Add-ons	la di Cardi di Car				1				:		
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$11.08	\$0.00		\$2.94	\$0.00	\$3.45	1	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.8
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6887</u>		1				1		
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17  RS = £n 18. AllOlbr = Ln 16	****	\$120.52	** *-				( ,	1 1		
13	Country Medicald Olym Allowed Fel DISTI	1.0 - CH 10, MIURI = LR 10	\$194.20	\$120.52	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.8
	Quarterly Per Diem Add-on Amounts					1				1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01		:			:	i i		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62		1		· }	:	1		!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		ı
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.26	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + โ.ภ 24	\$219.46	\$127.68	\$0.00	\$17.55	\$19.38	\$0.00	\$39.71	\$7.12	\$7.21	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151,77	·		<u> </u>		l	I	<u>.</u> . <u>.</u>		

Provider: PruittHealth - Lanier		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvdr ID: <b>00140456A</b> Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: htrly BIMS score luality Incentive:	N/A 37.5% 3.07	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	•	1.4690 1.4640 1.4891	1.3617 1,4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	9	; 9	h	i
CASE MIX BASED RATE CALCULATIONS		:			1				i		
1 Cost Center Peer Groups	(see Policy Manual)	:		1	2	1	1		1		
Type of Facility within Peer Group	: (300 t Only manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits							:		1		:
2 Peer Group Standards: Percentile	(see Policy Manual)	· :	90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%	1 1		
	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i i		
Base Period Per Diem Allowed Amounts								:	1		:
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt Rpt	\$6,130,722.00	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288	)	(\$53,719)	\$52,281
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
8 Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430			1						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days			ı.					33,046		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1,36
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4690					:	:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67						: I		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17,27	1	\$19.02	\$8.52	8.85	\$1.36
Quarterly Per Diem Rate Prior to Add-ons			i							(FRV)	:
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$20.16	\$10.96	\$0.00	\$2.54	\$3.17	\$0.00	\$3,49	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.69	\$70.63	\$0.00		\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1,36
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4891		<b>V.0.00</b>	020.111	. 40.00	:	40,02	\$0.05	\$1.50
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$105,18					:	1 (		!
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.24	\$105.18	\$0.00	\$16.38	\$20,44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
Quarterly Per Diem Add-on Amounts	•		! !								
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0,41	\$0.00	: \$0.37	1	P0 00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63	\$0.00	\$0.22	<b>3</b> 0.41	φυ.υυ	30.37	: [	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stress)	Ln 19 Col b x Strng Add-on	\$3.16	\$3.16		1 .		! 				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	, ga.10	•	1		!	\$17.10	: 1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6,32	\$0.00	\$0.22	\$0.41	. \$0.00	\$17.10		\$0.00	
25   Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.66	\$111.50	\$0.00		\$0.41	\$0.00	\$17.47	\$8.52	\$8.85	\$0.00 \$1.36
		\$201.00	9111.30	\$U.UU	\$10.0U	\$20.65	. \$0.00	\$29.98	\$8.52	\$8.85	\$1.36
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$142.92	:								

2ND OWNER C/R

Facility Facility Add-on Provider: PruittHealth - Laurel Park Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00908553A Growth Allowance: N/A 18.37% Base Period Overall CMI: 1.2708 Case Mix Per Diem Rate Effective Date: 08/14/20 **Qtrly Cognitive Performance Scale:** 28.6% 2.5% Quarterly Medicaid CMI: 1.5841 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: 3.76 5.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.6146

Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related
CASE MIX BASED BATE CA	ALCUL ATIONS		u		Ŭ	u	C		9		
CASE MIX BASED RATE CA	ALCOLATIONS										
1 Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1		
Type of Facility within Peer Grou	up			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities		
Bed Size Range within Peer Gro	pup			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		
Peer Group Standards & Effici	ency Measure Limits										
2 Peer Group Standards: Percent	tile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		
3 Peer Group Standards: Multiplie	er	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		
4 Efficiency Measure Maximums	(see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
Base Period Per Diem Allowed	Amounts										
5 As Filed Cost Center Costs (Re	outine & Special Srycs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224.989	\$30,283
Audit Adjustments and Realloca	, ,	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	224,909	(\$11,159)
7 Cost Center Costs After Audit A	djustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124
8 Total Nursing Facility Days	As Filed Days = 7,283	FY12 Audited C/R Days	7,283	. ,			. ,		, ,		. ,
Total Nursing Facility Days G	GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556	
9 Net Per Diems prior to Case Mi	·	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	7.36	\$2.63
10 Base Period Facility Case Mix	Index for All Residents	from 4 qtrs of FY12		1.2708							
11 Routine Srvcs Case Mix Adjst	d (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59							
12 Net Per Diems after Case Mix A	Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63
13 Per Diem Standards (After States	wide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	,	NA
14 Base Period Case Mix Adjusted	Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	\$7.36	\$2.63
Quarterly Per Diem Rate Prior t	to Add-ons										
15 Growth Allowance Percentage	= <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.41	\$13.14	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78		N/A
16 CMA Allowed Per Diem (After Gr	rowth Allowance Add-on)	Ln 14 + Ln 15	\$168.81	\$84.65	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
17 Quarterly Facility Case Mix In	dex for Medicaid Residents	per Current Qtr End		1.6146						(	FRV)
18 Qrtrly Routine Srvcs Case Mix	x Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.67							
19 Quarterly Medicaid CMA Allowe	ed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.14	\$136.67	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
Quarterly Per Diem Add-on Am	ounts										
20 Efficiency Add-on Per Diem ([S	Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA
21 Cogntv Perfrm Scale Add-on Pe	er Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42							
22 Nurse Staff Hrs / Quality Add-or	n Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.83	\$ 6.83							
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10		
24 Total Quarterly Per Diem Add-o	on Amounts	Sum of Lns 20 thru 23	\$27.57	\$10.25	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00
25 Quarterly Case Mix Based Per	Diem Rate	Ln 19 + Ln 24	\$268.71	\$146.92	\$0.00	\$21.19	\$27.33	\$0.00	\$41.44	\$7.36	\$22.93
26 Quarterly Per Diem Rate for Be	d Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.70		I	ı		ı	I		

Provider: Prvdr ID:			Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prver IU:	Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 39.6% 3.56	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options:		1,4971 1,5238 1,5490	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			а	b	¢	d	е	f	. 9	g	h	1
CASE	MIX BASED RATE CALCULATIONS								i			) !
1 Cost	Center Peer Groups Typo of Facility within Peer Group Bed Sizo Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			! :
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts					1						:
5   As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988.00	\$4,521,861	\$0	\$739,167	\$558.342	\$428,180	\$990,593	\$365,708	\$318,137	; . sc
	dit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	SO	(\$2,822)			1 1	(\$84,953)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8 7	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561			<u> </u>	*******	!	:		•	. 402,001
· · · · ·	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days			:	1				49,357		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971		:			:	1	•	
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,71		1			ì	į (		
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35	: :	\$16.75	\$7.41	\$4.61	\$1,64
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$126.86	\$59,71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38	\$1.64
Quar	rterly Per Diem Rate Prior to Add-ons					1			:	1	(FRV)	:
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.29	\$10.97	\$0.00	\$2.69	\$3.55	\$0.00	\$3.08	N/A	N/A	N/A
	fA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147,15	\$70.68	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83		\$7.38	\$1.64
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qfr End		1.5490	40.00		ΨEE.30		: \$13.00	97.41	37.30	. DI.U-
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.48		:						
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.95	\$109.48	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7,41	\$7.38	\$1.64
Quar	terly Per Diem Add-on Amounts					: :		!		:		
	iciency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		60.00	
	MS Add-on Per Diem = 2.5% (to Roulino Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$0.55		30.22	<b>3</b> 0.41	: \$0.00	. \$0.37		\$0.00	
	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2,19		[ :						
: f	rsing Home Provider Fee	(Fixed Amount)	\$17.10	J		{ · · · · · · · · · · · · · · · · · · ·		:	\$17.10			1
24 Tot	al 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 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.51	\$114.94	\$0.00	\$17.53	\$23.31	\$0.00	\$37.30	\$7.41	\$7.38	\$1.64
26 0000	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.31		700		V20.01		, 401.50	*****	\$1.30	J 1.04

	rovider: PruittHealth -Maccordr ID: 00141908A	On, LLC  Case Mix Per Diem Rate Effective Date:	8/14/2020		Percentages wth Allowance: trly BIMS score	Facility Score N/A 30.3%	Add-on Percent 18.37% 2.5%	Case		MI) Data  d Overall CMI: Medicaid CMI:		Facility Specific 1.4638 1.5651	State- wide 1.3617 1.4961
		MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.24	4.0%	<b>Qrtrly Mcaid</b>	,	Wght Options:		1.5937	1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CAL	<u>CULATIONS</u>											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficient Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (si		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed A	mounts											
5	As Filed Cost Center Costs (Rout	ine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372.00	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
6	Audit Adjustments and Reallocatio	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
7	Cost Center Costs After Audit Adju	ustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
8	Total Nursing Facility Days	As Filed Days = 75,230	FY12 Audited C/R Days	68,796									
	Total Nursing Facility Days GL-P	·	FY 18 GL-PL Ins Rpt Days								67,330		
9	Net Per Diems prior to Case Mix A	·	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
10	Base Period Facility Case Mix In		from 4 qtrs of FY12		1.4638								
11	Routine Srvcs Case Mix Adjstd (	· '	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjs		RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewick	· ·	per Peer Group Limits Lesser of Ln 12 or Ln 13	A. 10 07	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	***
14	Base Period Case Mix Adjusted Al	llowed Per Diem	Lesser of Ln 12 of Ln 13	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
	Quarterly Per Diem Rate Prior to												
15	Growth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.51	\$12.41	\$0.00	\$2.46	\$4.23	\$0.00	\$3.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Grow	· ·	Ln 14 + Ln 15	\$163.48	\$79.99	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
17	Quarterly Facility Case Mix Index		per Current Qtr End		<u>1.5937</u>								
18	Qrtrly Routine Srvcs Case Mix A	• • •	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	<b>#040.07</b>	\$127.48	<b>#0.00</b>	045.05	<b>#07.00</b>	40.00	#04.00	00.45	<b>#0.00</b>	<b>#</b> 4.04
19	Quarterly Medicaid CMA Allowed F	Per Diem	NS = LIT 16, AIIOUTF = LIT 16	\$210.97	\$127.48	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
	Quarterly Per Diem Add-on Amou	ints											
20	Efficiency Add-on Per Diem ([Stnd		(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	,	er Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.10	\$5.10								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10	<b>**</b>	<b>**</b>	00.55	<b></b>	40	\$17.10	***	<b>**</b>	***
24	Total Quarterly Per Diem Add-on A		Sum of Lns 20 thru 23	\$26.58	\$8.82	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Die	em Rate	Ln 19 + Ln 24	\$237.55	\$136.30	\$0.00	\$16.07	\$27.30	\$0.00	\$39.43	\$8.15	\$8.36	\$1.94
26	Quarterly Per Diem Rate for Bed	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.34									

	rovider: PruittHealth - Magnolia Manor		Add-on Data and Gro	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data 3 Overali CMI	-	Facility Specific 1,4894	State- wide 1.3617
!	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse	Qı Hours per On-Site Day/Qı	trly BIMS score uality Incentive:	28.3% 3.33	1.0% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI Wght Options		1.5117 1.5386	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			<u>a</u>	b	С	<u>;</u> d	e	f	g	, g	ħ	i
<u>C</u>	CASE MIX BASED RATE CALCULATIONS		:									
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	. 1	1	!		
	Type of Facility within Peer Group	(obd. and, manday		All Facilities	All Facilities		All Facilities	· All Facilities	All Facilities			i
	Bed Size Range within Peer Group		:	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							}	į	1		
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	į	50.0%			•
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	,	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	i .	\$0.37	1 :		
	Base Period Per Diem Allowed Amounts		:		:	i :				1		:
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL	Rpt \$6,467,213.00	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	; \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)	)	(\$122,467)	\$122,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413			1		:		;		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL ins Rpt Days	:			1				32,284		i
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.4894</u>		1		:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65.00						1 ;		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AliOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18,41	\$23.09	:	\$20.56	\$7.45	28.07	\$3.78
	Quarterly Per Diem Rate Prior to Add-ons					1		:		1	(FRV)	
: 15		Ln 14 x Grwth Allwnc %	\$23.34	\$11.94	\$0.00	\$3.38	\$4.24	\$0.00	: #9.70	N// 0	AIZA	, LUA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.70	\$76.94	\$0.00		\$27.33	\$0.00	\$3.78 \$24.34	N/A \$7.45	N/A \$28.07	, N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5386	. 40.00	\$21.75	327.33	\$0.00	324.34	\$7.45	\$20.07	\$3.78
18		Ln 16 x En 17		\$118.38				i				i
19		RS = Ln 18, AllOthr = Ln 16	\$231.14	\$118.38	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
				*********			4			1	Q20.07	
- 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$1.18		:			1		;		
23		Ln 19 Cor b x Sting Add-on (Fixed Amount)	\$3.55	\$3,55				4		i ,		
23		(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		60.00		<b>#</b> 0 ~~		\$17.10	1	م	:
<del></del>			\$22.36	\$5.26	\$0.00	1	\$0.00	\$0.00	\$17.10	<del></del>	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.50	\$123.64	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$7.45	\$28.07	\$3.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.30									*

					Facility	Add-on		Facility	State-
Provider:	PruittHealth- Marietta			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide
Prvdr ID:	00202507A			Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.2754	1.3699
		Case Mix Per Diem Rate Effective Date:	08/14/20	Qtrly BIMS score	34.6%	2.5%	Quarterly Medicaid CMI:	1.5146	1.4961
		MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.21	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5401	1.5223

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(occ rolloy marical)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
_	Emoletoy incustric inaximation (see line 20 for deletar)	(see I olicy Maridal)		ψ0.55	ψ0.00	Ψ0.22	ψυ.+1		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)			(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days = 19,843	FY13 Audited C/R Days	19,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,456	FY 18 GL-PL Ins Rpt Days								40,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.2754</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons										(FHV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.54	\$12.82	\$0.00	\$2.99	\$3.42	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.14	\$82.60	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5401								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.75	\$127.21	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.73	\$133.46	\$0.00	\$19.50	\$22.43	\$0.00	\$44.87	\$7.08	\$15.91	\$1.48
<b>—</b>					1	1	1	1	1	1	1	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$170.72

(Ln 25 - Ln 23) \* 0.75

	rovider: PruittHealth - Millen rvdr ID: 00140269A  Case Mix Per Diem Rate Effective D MDS & Nurse Hrs Data per Quarter End			wth Allowance: trly BIMS score	Facility Score N/A 43.7% 3.42	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.5517 1.6106 1.6406	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Berind Bay Diam Alleward America											
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Styce Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163.00	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)	Ψ240,337	(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270	FY12 Audited C/R Days	30,270								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
13	· · · · · · · · · · · · · · · · · · ·	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12 (FRV)	\$0.61
	Quarterly Per Diem Rate Prior to Add-ons										(1110)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.48	\$8.67	\$0.00	\$2.76	\$3.45	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$55.84	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End		<u>1.6406</u>								
18		Ln 16 x Ln 17		\$91.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.65	\$91.61	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine S		\$2.29	\$2.29								
22		Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.23	\$98.09	\$0.00	\$18.00	\$22.65	\$0.00	\$40.65	\$8.11	\$15.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.60									

	vider: PruittHealth - Monroe, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvo	dr ID: 00141468A			wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.2064	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020 03/31/20 Nurse Ho		trly BIMS score	31.3%	2.5%			Vedicald CMI:		1.3549	1.4961
·	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nuise Ho	urs per On-Site Day/Q	uality incentive;	3.00	2.0%	QRIIy Mcaid	CMI w RUG V	Vght Options:		1.3773	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d	е	f	. 9	g	h	i
CA	SE MIX BASED RATE CALCULATIONS							:	:	1		
	Cost Center Peer Groups	7 B. FMB			1		_					
• • • •	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	•	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Ξ,	Peer Group Standards & Efficiency Measure Limits		:			: : : : : : : : : : : : : : : : : : : :	***************************************	1				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	' 1		
4	Efficiency Measure Maximums (see line 20 for actuel)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	İ	\$0.37	;		
	Base Period Per Diem Allowed Amounts		•			1 1						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415,00	\$2,010,478	\$0	\$317,824	\$273.019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301	. 42,001,100		4017,572	Ψ210,018	\$250,554	3410,304	#199,030	\$42,016	\$11,024
	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days	24,001							26,782		
9 :	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	En 7/En 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		1.2064		410.00	Ψ20.54	1 10007	311.10	\$7.40	\$1.75	40.10
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$68.26					:	:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. 40.70
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.17	\$68.26	\$0.00	\$13.06	\$23.09		\$17,16	\$7.46	9.41	\$0.73
				:			420.00	:	1		(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %										
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwins %	\$22.33	\$12.54	\$0.00	\$2.40	\$4.24	\$0.00	\$3.15	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Otr End	\$161.50	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.41	\$0.73
18	Quarterly Facility Case Mix Index for Medicaid Residents	• • · · · · · · · · · · · · · · ·	:	1.3773				*		1		
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	6404.00	\$111,29	50.00		407.00			11		
19	Quarterly medicald CMA Allowed Fell Dietil	RS - LII 16, AllOUII LII 16	\$191.99	\$111.29	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.41	\$0.73
	Quarterly Per Diem Add-on Amounts					:				:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78		: :				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.23	\$2.23				{		;		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: !		!	\$17.10	į .		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.54	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$215.22	\$116.83	\$0.00	\$15.68	\$27.33	\$0.00	\$37.78	\$7.46	\$9.41	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$148.59	:		<del>:</del> <u>+</u>		<u>.</u>	i	<u> </u>		

Provider: PruittHealth - Moultrie Prydr ID: 00142095A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	25.0% 3.33	1.0% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.4840 1.4578 1.4859	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS					:		!	!	:		
1 Cost Center Peer Groups	(see Policy Manual)		1		2		4		i i		
Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities		1 All Facililies	All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Peer Group Standards & Efficiency Measure Limits							1				I
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			!
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: :		
Base Period Per Diem Allowed Amounts							-	1			
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734.00	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	. <b>s</b> o
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$68,459)	(\$5,284)	\$0	1	\$0	\$0	(\$62,295)	4	(\$12,027)	\$12.027
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0		\$285,278	\$234,537	\$500,902	1	\$477,612	\$12,027
8 Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836						1		,	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days				1		i.		23,376		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20,91	\$0.53
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4840</u>		1				:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$53.38				1	*	1		· i
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		<b>\$71.</b> 51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56	\$0.53
Quarterly Per Diem Rate Prior to Add-ons	İ				1				1	(FRV)	·
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9.81	\$0.00	\$2.70	\$4.18	\$0.00	\$3,78	N/A	*1/4	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.94	\$63.19	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34		N/A	N/A \$0.53
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ψ101.5 <del>4</del>	1,4859	\$0.00	311.30	\$20.54	\$0.00	<b>JZ4.34</b>	\$7.00	\$18.56	\$0.53
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.89				:		1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.64	\$93.89	\$0.00	\$17.38	\$26.94	\$0.00	\$24,34	\$7.00	\$18.56	\$0.53
5	1					7			<b>40</b>	4,5.50	:
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ((Stnd - Alvelt x 75, up to max or 0)	(nee Deline Normal)	a						1	1		
,	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	İ
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$0.94	\$0.94		1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$2.82 \$17.10	\$2.82		:						
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21.86	\$4.29	\$0.00	\$0.22	\$0.25	60.00	\$17.10		<b></b>	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	,	<del></del>		<del> </del>		\$0.00	\$17.10	<del> </del>	\$0.00	\$0.00
23 Quarterry Case Mix Based Per Diem Kate	LN 19 + LN 24	\$210.50	\$98.18	\$0.00	\$17.60	\$27.19	\$0.00	\$41.44	\$7.00	\$18.56	\$0.53
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.05									

-	rovider: PruittHealth- Ocilla rvdr ID: 00142315A	Ad	d-on Data and P Grow	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.2894	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per	Qlr	ly BIMS score	34.1%	2.5% 3.0%	Ortrly Meald		Medicaid CMI:		1.5366 1.5666	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	е	f	g	g	h	î
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range within Peer Group	(see Policy Manual)	Annual designation of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,02
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,02
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$61.06			_			ļ		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22,44		\$22.69	\$8.65	\$8.39	\$1.0
14	Per Diem Standards (Alter Statewide CMA for Routine Stycs)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	******	\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	base renou case wix Adjusted Allowed Fer Dieth	Lesser of Lift 12 of Cir (3	\$139.31	\$61,06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	8,95 (FRV)	\$1.0
	Quarterly Per Diem Rate Prior to Add-ons										,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22,18	\$11,22	\$0.00	\$2.67	\$4.12	\$0.00	\$4.17	N/A	N/A	N/
16	CMA Allowed Per Diern (Aller Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.49	\$72.28	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.0
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.5666								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113,23								
19	Quarterly Medicaid CMA Alfowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.44	\$113.23	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.30	\$119.99	\$0.00	\$17.41	\$26.97	\$0.00	\$44.33	\$8.65	\$8.95	\$1.0
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.65		L	1.	I		L	1		l

	rovider: PruittHealth - Old Capitol	-	Add-on Data and		Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
, <b>r</b>	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: tirly BIMS score wality Incentive:	N/A 32.7% 2.84	18.37% 2.5% 3.0%	Ortrly Moaid		i Overall CMI: Medicaid CMI: Vght Options:		1.2935 1.4384 1,4630	1.3617 1.4961 1.5223
Line	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	9	h	i
C	ASE MIX BASED RATE CALCULATIONS	r		:						!		
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	; : <b>1</b>	:		
	Type of Facility within Peer Group	(see Fullcy Manual)		All Facilities	•	Free Standing	7 All Facilities	All Facilities	All Facilities	1		
	Bed Size Range wilhin Peer Group	1		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	!		
	Peer Group Standards & Efficiency Measure Limits	(				1						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		Ì
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts									1		
5	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,892,389.00	\$2,956,703	\$0	\$535,070	\$480.839	\$285,393	\$776,842	\$344,054	\$513,488	· • \$1
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,523)		\$0 \$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)	\$344,034		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	, , , , , , , , ,	S0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	(\$62,054) \$451,434	\$57,69 \$57,69
8	•	FY12 Audited C/R Days	45,401	Ψ2,555,666	. 40	DOF,CCC#	\$410,100	\$202,404	. 9040,447	3344,034	ф <del>45</del> 1,454	( \$37,08i
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days	10,101			: i				42,972		! !
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16.72	(with L&H)	\$14.28	\$8.01	\$9.94	\$1.2
10	•	from 4 atrs of FY12	4,20.00	1,2935	. 40,00	0170	\$10.12	(14,0) 2313	\$14.20	30.01	\$9.94	φ1.2
11		Ln 9 / Ln 10		\$50.24		1			i L			•
12	, · · · · · · · · · · · · · · · · · · ·	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$11.75	\$16.72	: :	\$14.28	\$8.01	\$9.94	\$1.2
13	Per Diem Standards (After Statewide CMA for Rouline Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i	\$20.56	\$0.00	N/A	, φι.ε.
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.25	\$50.24	\$0.00	\$11.75	\$16.72	į	\$14.28	\$8.01	7.98	\$1.2
:	•		41,2,20			1	¥10.12		. 414.20	\$0.01	(FRV)	, \$1.2 <i>1</i>
	Quarterly Per Diem Rate Prior to Add-ons			:		1					,,	
15		Ln 14 x Grwth Allwnc %	\$17.08	\$9.23	\$0.00	\$2.16	\$3.07	\$0.00	\$2.62	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$127.33	\$59.47	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.2
17	,	per Current Qtr End		1.4630		: 1				ļ .		•
18	• • • • • • • • • • • • • • • • • • • •	Ln 16 x Ln 17		\$87.00					r I	i :		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.86	\$87.00	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.2
	Quarterly Per Diem Add-on Amounts	! !										
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	!	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18			42.11		Ψ0.01		43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.61	\$2.61		:				1		! !
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.28	\$92.32	\$0.00	\$14.13	\$20.20	\$0.00	\$34.37	\$8.01	\$7.98	\$1.27
2F	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	6490 00	·		1			·	1	71100	¥.,.L.
20	additions her premitate for ped noil and Leave pays	(Ln 25 - Ln 23) * 0.75	\$120.89									

State-Facility Add-on Facility Provider: PruittHealth - Palmyra Specific wide Add-on Data and Percentages Percent Case Mix Index (CMI) Data Score Prvdr ID: 00142337A 18.37% Base Period Overall CMI: 1.4014 Growth Allowance: N/A 1.3544 Case Mix Per Diem Rate Effective Date: 8/14/2020 Qtrly BIMS score 32.0% 2.5% Quarterly Medicaid CMI: 1.3568 1.4961 MDS & Nurse Hrs Data per Quarter Ending: Ortrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.3804 1.5223 03/31/20

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
C	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(see Policy Maridal)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency weasure maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	\$0.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3544								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$19.95	\$9.84	\$0.00	\$2.55	\$4.33	\$0.00	\$3.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.42	\$63.38	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψσΞ	1.3804	ψ0.00	ψ.σσ	Ψ27.00	ψ0.00	Ψ20.00	Ψ	ψο	Ψ0.02
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.53	\$87.49	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
	·									, ,		
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.56	\$92.83	\$0.00	\$16.67	\$27.88	\$0.00	\$38.27	\$7.58	\$8.71	\$0.62

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.60

(Ln 25 - Ln 23) \* 0.75

Provider:	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%		Base Period	i Overall CMI:		1.4021	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020 03/31/20 Nurse Ho		trly BIMS score	51.4%	5.5%			Medicaid CMI:		1.4290	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hot	ırs per On-Site Day/Q	dality incentive:	3.94	2.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.4525	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			8	b	С	đ	е	f	9	9	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , , , , , , ,		All Facilities	All Facilities	Free Standina	All Facilities	All Facilities	. All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1 :		
Peer	Group Standards & Efficiency Measure Limits					1						
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effi	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	· ·	\$0.53	\$0.00	\$0.22	\$0.41	! !	\$0.37			!
Base	Period Per Diem Allowed Amounts							, ;				
5 As	Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690.00	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293.529	\$577,958	. \$0
6 Auc	fit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	50	(\$115)	(\$5,708)	(\$4.921)	(\$116,792)		(\$119,471)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0		\$475,692	\$410,036	\$804,194	\$293.529	\$458,487	\$112,628
8 7	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749			:	4,	•		<b>Q</b> 230,023	VOF,007	ψ112,02C
1	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days				1			:	41,326		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18,81	\$7.10	\$10.73	\$2.63
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,4021	•	1	42011	,		\$7.10	\$10.75	Φ2.00
11 8	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$67.53		1		!		1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7,10	\$10.73	\$2.63
13 Per	Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	N/A	Ψ2.0c
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00		\$20.72		\$18.81	\$7.10	15.60	\$2.63
Outom	tado Dos Diese Data Delegata Add			:		1	V		. 410.01	31.10	(FRV)	
	terly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %								1		
			\$22.56	\$12.41	\$0.00		\$3.81	\$0.00	\$3.46	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.62	\$79.94	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4525					}			
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16		\$116.11		: <u>.</u>			<b>!</b>			
15 000	BITETY MEDICAID CIVIA AIROWED FET DIETT	KS - Lit to, Allottir = En 16	\$206.79	\$116.11	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
	terly Per Diem Add-on Amounts			:		1			1			
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	S Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.39	\$6.39		1					70.30	
22 Nur	se Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32		1			1			
23 Nun	sing Home Provider Fee	(Fixed Amount)	\$17.10			1		i	\$17,10	į		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27,34	\$9.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.13	\$125.35	\$0.00	\$18.77	\$24.94	\$0.00	\$39.74	\$7.10	\$15.60	\$2.63
26 Oua-	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.77			<u>:</u>					7.2,00	

1	ovider: PruittHealth- Rome vdr ID: 299031876A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Adi 08/14/20 03/31/20 Nurse Hours per 0	Qtrl	th Allowance: ly BIMS score	35.9%	Add-on Percent 18.37% 2.5% 3.0%	***************************************	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3499 1.5144 1.5384	State- wide 1.4014 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g		<u>h</u>	i
<u>C</u>	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7.35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57.46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10,96	\$1.41
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.33	\$10.56	\$0.00	\$3.03	\$4.33	\$0.00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.25	\$68.02	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.5384								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104,64					}			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.87	\$104,64	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1,41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62	1		75.00	72.55	45.00		Ç0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$6.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.48	\$110.93	\$0.00	\$19.77	\$27.88	\$0.00	\$45.53	\$7.00	\$10.96	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.79		1	1	1		1	L		

	ovider: Pruitt Health - Savannah vdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurs		lata and Percentages Growth Allowance: BJMS: te Day/Quality Incentive:	Facility Score N/A 16,0% 3,70	Add-on Percent 18.37% 0.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: 3 Wght Options:		Facility Specific 1,5049 1,7585 1,7917	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	SE MIX BASED RATE CALCULATIONS		<u>a</u> a	ь	СС	đ	l e	<u> </u>	l g		h	i
<u>GA</u>	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL, Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$153.32 \$23.31 \$183.76	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.7917 \$144.07	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$25.51 \$25.51 \$25.51 (FRV Rate)	\$0.92 \$0.92 \$0.92
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% .o Routinc Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$247.42 \$0.00 \$4.32 \$17.10	\$144.07 \$0.00 \$4.32		\$20.70	\$25.97		\$23.12	\$7.13	\$25.51	\$0.92
	Total Quarterly Per Diem Add-On Amounts		\$21.42									
	Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$188.81	\$268.84	\$148,39		\$20,70	\$25.97		\$40.22	\$7.13	\$25.51	\$0.92

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr I	D: 00142964A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			d Overall CMI:		1.4305	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ں rs per On-Site Day/Q	trly BIMS score uality Incentive:	21.1% 3.33	1.0% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.3638 1.3888	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	b	c	d	е	f	g	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS											
1 Co.	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1				
. : -	Type of Facility within Peer Group	(oos and manage		All Facilities	. All Facilities		All Facilities	All Facilities	All Facilities			
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Pe	er Group Standards & Efficiency Measure Limits					1			1			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 <i>E</i>	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Bas	se Period Per Diem Allowed Amounts								-	1		
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146.00	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752.684	\$269,469	\$198,804	\$0
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	50	(\$373)	(\$6,672)				(\$42,168)	\$38,785
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042		'	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683			1						, , , , , , , , , , , , , , , , , , , ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days			(	1			:	37,862		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£л 7 / £л 8 Col а	\$137.68	\$78.94	\$0.00	\$13,26	\$16.97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18						1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55.18	\$0.00	\$13.26	\$16.97	 	\$16.46	\$7.12	\$3.95	\$0.98
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69	\$0.98
0	arterly Per Diem Rate Prior to Add-ons									1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$18.72	\$10,14	\$0.00	\$2.44	\$3.12	\$0.00	\$3.02	N/A		
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135,38	\$65.32	\$0.00	\$15.70	\$20.09	\$0.00			N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$133,30	1.3888	\$0.00	\$15.70	\$20.09	\$0.00	\$19.40	\$7.12	\$6.69	\$0.98
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.72		1						
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.78	\$90.72	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
Qu	arterly Per Diem Add-on Amounts					i			į			
20 E	ifficiency Add-on Per Diem ([Stnd - Alwt] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
	SIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91			22,17	41.00		1	40.00	
22 N	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72		1		l	:	1		
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$17.10	1		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.04	\$94.88	\$0.00	\$15.92	\$20.50	\$0.00	\$36.95	-4	\$6.69	\$0.98
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.46			·		l	<u></u>	,		
	,	(	¥.24.40									

1	ovider: PruittHealth -Spring Valley, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mîx Index (C		•	Facility Specific	State- wide
F.	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score uality Incentive:	N/A 36.4% 3.37	18.37% 2.5% 3.0%	Qrtrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3401 1.3768 1.3991	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	ħ	. 1
C	ASE MIX BASED RATE CALCULATIONS	1										
,	Cost Center Peer Groups	Anna Barrassa D		! !	_		_		:			
1	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
:	Bed Size Range within Peer Group	(		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
:	Peer Group Standards & Efficiency Measure Limits				·	1		, <b>D</b> G G G G G G G G G G G G G G G G G G G				
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%			i !
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1 :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			:		!		:				
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$3,128,444.00	\$1,595,716	\$0	\$306,856	\$236,002	\$185,738	\$554,227	\$144.358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)		\$0	\$0	(\$2,164)	(\$2,923)		1		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,064,750	\$1,594,864	\$0	\$306,856	\$233,838	\$182,815	\$497,438	\$144,358	(\$15,218) \$90,329	\$14,252 \$14,252
8	Total Nursing Facility Days As Filed Days = 20,610	FY12 Audited C/R Days	20,610	<b>V</b> 1,00 1,00 1	45	4000,000	Ψ200,000	\$102,010	ψ431,430	\$144,550	\$30,323	\$14,252
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL Ins Rpt Days	•			: :			İ	18,123		!
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.67	\$77.38	\$0.00	\$14.89	\$20.22	(with L&H)	\$24.14	\$7.97	\$4.38	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3401	*****		<b>7</b>		42	47.07	34.00	00.03
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74				:	1	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$14.89	\$20.22		\$24,14	\$7.97	\$4.38	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.67	\$57,74	\$0.00	\$14.89	\$20.22		\$20.56		8.60	\$0.69
:	Quarterly Per Diem Rate Prior to Add-ons	•				;					(FRV)	:
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwns %	\$20.84	\$10.61	¢0.00	60.74	#0.74	***				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.84 \$151,51	\$68.35	\$0.00 \$0.00	\$2.74 \$17.63	\$3.71 \$23.93	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$101,51	1.3991	Φ0.00	317.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.63		1				•		:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.79	\$95.63	\$0.00	\$17.63	\$23.93	\$0.00	\$24,34	\$7.97	\$8.60	\$0.69
	Out the product of		47.5.10	400.00	<b>40.00</b>	, 417.00	420.33	φυ.υυ	924,34	31.01	\$0.0U	\$0.69
20	Quarterly Per Diem Add-on Amounts	( B-(				5 1						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Sivs)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	İ '	\$0.00	
22		En 19 Col b x CPS Add-on	\$2.39	\$2.39		1				1		
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routino Srvcs)  Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.87	\$2.87		! :			_			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	***	** **				\$17.10			
			\$23.52	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.31	\$101.42	\$0.00	\$17.85	\$24.34	\$0.00	\$41.44	\$7.97	\$8.60	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138,91	:					*****************			

# Description Calculations Services Services Services Unitary Houskpng & Maint General  a b c d e f g  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups 1 Cost Center Peer Groups 1 All Facilities All Facilities Free Standing All Facilities All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All	A&G- GL-PL Insurance g	1.3624 1.5993 1.6297 Property and Related h	1.3617 1.4961 1.5223 Taxes and Insurance
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: 3.54 3.0% Qrtrly Mcaid CMI w RUG Wght Options:    Line	Insurance	1.6297 Property and Related	1.5223 Taxes and
Line Description  Sources / Totals Services Services Services Services Services Dietary Houskpng Services Maint General  And General  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups 1 Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards Percentile (see Policy Manual) 90.0% 90.0% 90.0% 90.0% 90.0% 85.0% Operatins And And And And And And And And And And	Insurance	and Related	and
CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups 1 Cost Center Peer Groups All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed S	g	h	1
1 Cost Center Peer Groups (see Policy Manual) 1 1 2 1 1 1 Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90,0% 90,0% 85,0% 50,0%			
Type of Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile (see Policy Manual)  90.0% 90.0% 90.0% 85.0% 85.0%			
Type of Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile (see Policy Manual)  90.0% 90.0% 90.0% 85.0% 85.0%			
Bed Size Range within Peer Group  All Bed Sizes Range within Peer Group  All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0%	f [ -		
2 Peer Group Standards: Percentile (see Policy Manual) 90,0% 90,0% 90,0% 85,0% 50,0%			
3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 100.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37			
Base Period Per Diem Allowed Amounts	ì		4
5 As Filed Cost Center Costs (Routine & Special Stress Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt \$2,978,696.00 \$1,446,356 \$0 \$308,457 \$188,495 \$220,501 \$462,134	6444.250 :	#### PP#	
C. Audit Administration of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contro	\$144,358	\$208,395	\$0
Audit Adjustments and Realisocations to Cost Center Costs FY12 Cirk Audit Adjustmits (\$58,620) (\$2,358) \$0 (\$869) \$0 (\$55,393) 7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$2,920,076 \$1,443,998 \$0 \$307,588 \$188,495 \$220,501 \$406,741	\$144.358	(\$20,929)	
8 Total Nursing Facility Days As Filed Days = 21,352 FY12 Audited C/R Days 21,352	\$144,556	\$187,466	\$20,929
Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 19,808 FY 18 GL-PL Ins Rpt Days	19,808		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7/Ln 8 Col a \$137.29 \$67.63 \$0.00 \$14.41 \$19.15 (with L&H) \$19.05	\$7.29	\$8.78	
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1,3624	\$1.29	\$6.10	\$0.98
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$49.64	i		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$49.64 \$0.00 \$14.41 \$19.15 \$19.05	\$7.29	\$8.78	\$0.98
13 Per Diem Standards (After Statewide CMA for Routine Sirves) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56	\$0.00	N/A	. 40.36
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$120.08 \$49.64 \$0.00 \$14.41 \$19.15 \$19.05	\$7.29	9.56	\$0.98
	Ψ7.25	(FRV)	. 40.50
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%		, ,	
36.79 39.12 30.00 \$2.05 \$3.52 \$0.00 \$3.50	N/A	N/A	N/A
\$130.07 \$30.00 \$17.00 \$22.07 \$0.00 \$22.55	\$7.29	\$9.56	\$0.98
1.0251	ï		t
1D. Ounded Medicald CMA Alleued Dec Disc.			
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$175.87 \$95.76 \$0.00 \$17.06 \$22.67 \$0.00 \$22.55	\$7.29	\$9.56	\$0.98
Quarterly Per Diem Add-on Amounts	:		i
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37		\$0.00	1
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs.) Ln 19 Cot b x CPS Add-on \$0.96 \$0.96	:		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Ln 19 Col b x StIng Add-on \$2.87 \$2.87			1
23 Nursing Home Provider Fee (Fixed Amount) \$17.10			
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.46 \$4.36 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$198.33 \$100.12 \$0.00 \$17.28 \$23.08 \$0.00 \$40.02	\$7.29	\$9.56	\$0.98
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$135.92	······································		

Prov			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		trly BIMS score		2.5% 3.0%	Ortrly Moaid	Quarterly f	d Overall CMI: Medicaid CMI: Wght Options:		1.4255 1.6345 1.6648	1.3617 1.4961 1.5223
Líne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<del></del>			a	b	С	d	8	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS				:	:				1		
1 0	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group	! !		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
P	Peer Group Standards & Efficiency Measure Limits		į			1		:				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
•	Enciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		. \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			,
	Base Period Per Diem Allowed Amounts					. :		; ;				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,119,026.00	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)	ı L	(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677						ı			
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days			:					29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.4255					;	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	1	\$60.02		1 1				!		; !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	1	\$6.45	\$0.92
13 14	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 :	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89	\$0.92
C	Quarterly Per Diem Rate Prior to Add-ons								}		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$11.03	\$0.00	\$2.38	\$3.33	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	โภ 14 + Ln 15	\$146.98	\$71.05	\$0.00	\$15,31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.6648		1				1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i	\$118.28	:							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$194.21	\$118.28	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
C	Quarterly Per Diem Add-on Amounts					1			1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96	:	:	4			1	45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.55	\$3.55		i :			1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 23	\$25.14	\$7.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.35	\$125.32	\$0.00	\$15.53	\$21.89	\$0.00	\$38.34	\$8.46	\$8.89	\$0.92
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	6454 00	<del> </del>	•	-		!	1			
20 4	Avertony i or brom rate for bed flord and Leave Days	(LI120 - LI120) 0.70	\$151.69	:								

1	rovider: PruittHealth- Sylvester	A	dd-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 18.37%	C	ase Mix Index Base Peri	(CMI) Data		Facility Specific 1.3730	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hours pe	Q	trly BIMS score	24.7%	1.0% 3.0%	Ortrly Moa	Quarterly	y Medicaid CMI: 3 Wght Options:	:	1.3799 1.4039	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	ì
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wiltin Peer Group Bad Siza Range wiltin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R • FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442.485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit AdjsImis	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)	<b>V</b>	(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									, ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 8 Col a	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1,3730</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	AS = Ln 11, AllOlhr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0,00	\$12.71	\$23.55		\$19.47	\$7.26	9.61	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwih Allwac %	\$19.07	\$8,83	\$0.00	\$2,33	\$4.33	\$0,00	\$3,58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.49	\$56.88	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.4039	40.00	\$15.54	327.50	40.00	ΨΕ0.03	030	\$3.01	φυ.//
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$79.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$163.46	\$79.85	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
	Countrie Des Diese Add on Amounts											
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	24.45	***	***							
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$1.12 \$0.80	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Sting Add-on	\$0.80	\$0.80 \$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.40 \$17.10	\$2,40					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.88	\$83,58	\$0.00	\$15.26	\$27.88	\$0.00	\$40.52	\$7.26		
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	M1707 E1747	\$104.00	\$60.06	\$0.00	<b>\$13.20</b>	\$21.88	\$0.00	\$40,52	\$7.26	\$9.61	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(l.n 25 - Ln 23) * 0.75	\$125.84	i								

	rovider: PruittHealth -Toccoa, LLC		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score		18.37% 2.5%			d Overall CMI; Medicaid CMI;		1.5108 1.4145	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.24	3.0%	Ortrly Mcaid	CMI w RUG \	Nght Options:		1.4385	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	8	b	C	đ	е	f	g	g	h	ī
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	,							İ			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		
	Bad Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
	Peer Group Standards & Efficiency Measure Limits	:			:	1			ļ			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i		
	Base Period Per Diem Allowed Amounts	;			:	1						
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354.00	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481		\$1,080,205		\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191		:						******	
	Total Nursing Facility Days GL-PL, Ins., Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days				1				57,413		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5108	:			! (				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59	1	\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$116.97	\$50.88	\$0.00	\$14,50	\$18.59		\$17.95	\$7.59	6.68	\$0.78
	Quarterly Per Diem Rate Prior to Add-ons	:				1				1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$9.35	\$0.00	\$2.66	\$3.41	60.00			****	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$60.23	\$0.00	\$17.16	\$22.00	\$0.00 \$0.00	\$3.30	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$133.05	1.4385	\$0.00	317.10	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.64		1			į			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.10	\$86.64	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
		:	7.54.75		:	1	V	<b>Q</b> 0.00	W21,20	Ψ1.00	φο.υα	
20	Quarterly Per Diem Add-on Amounts	(non Balley Mayers)	24.50							1		
21	Efficiency Add-on Per Diem {(Stnd - Alwd) x .75, up to max, or 0}  BIMS Add-on Per Diem = 2.5% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i i	\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.17	\$2.17		1		ı	!	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.60 \$17.10	\$2.60	!	1		!				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.40	\$5,30	\$0.00	\$0.00	¢0.44	60.00	\$17.10	60.00		
25	1	Ln 19 + Ln 24				\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
		FIE 13 ± f'U 54	\$185.50	\$91.94	\$0.00	\$17.38	\$22.41	\$0.00	\$38.72	\$7.59	\$6.68	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.30									

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr	Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hor		owth Allowance: trly BIMS score uality Incentive:	N/A 40.9% 3.01	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly N	d Overall CMI: Medicaid CMI: Wght Options:		1.3444 1.5466 1.5758	1,3617 1,4961 1,5223
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes
*		Calculations	-	·		<del>                                     </del>		& Maint	General	·i	Related	Insurance
			<u> </u>	<u>b</u>	С	ď	е	f	9	g	h	<u>          i                          </u>
CASI	E MIX BASED RATE CALCULATIONS					1		:	İ	:		
1 Co	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	i i		
	Type of Facility within Peer Group	,	•	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i :		
Pe	eer Group Standards & Efficiency Measure Limits			:	:	1				1		1
	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	: :		!
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			!
4 6	Efficiency Measure Maximums (soo line 20 for actual)	(see Policy Manual)	'	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ba	ase Period Per Diem Allowed Amounts				:	1			i	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,076,559.00	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6 4	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$61,734)	(\$5,005)	SO.	(\$758)	(\$882)		(\$55,009)		(\$25,537)	1
7 (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394		:	1				1	******	720,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL ins Rpt Days							1	20,031		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.17		1		:	!			1
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.17	\$0.00	\$14,81	\$21.42		\$19.48	\$7.45	\$8.05	\$1.24
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99	\$1.24
0	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$20.55	\$10.32	\$0.00	\$2.72	£2.02					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$155.11	\$10.32	\$0.00	\$17.53	\$3.93 \$25.35	\$0.00	\$3.58 \$23.06	N/A	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	9300.11	1.5758	\$0.00	\$17.03	<b>\$25,35</b>	\$0.00	323.0b	\$7.45	\$13.99	\$1.24
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.77		1		:		i i		1
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.39	\$104.77	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
	•						425.05		ψ20.00	Ψ,,45	ψ13.33	φ1.24
	parterly Per Diem Add-on Amounts	for Gulfa and A			:					:		
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	:	\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.14	\$3.14		:			1			
	Nursing Home Provider Fee Total Quadraty Por Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10					:	\$17.10			
	Total Quarterly Per Diem Add-on Amounts		\$24.39	\$6,29	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.78	\$111.06	\$0.00	\$17.75	\$25.76	\$0.00	\$40.53	\$7.45	\$13.99	\$1.24
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.51									

1 .	Provider: PruittHealth - Valdosta		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: trly BIMS score	N/A 33.8%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.6176	1.3617
!	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.52	3.0%	Qrtrly Mcaid	CMI w RUG \			1.5565 1.5830	1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	ì
, (	CASE MIX BASED RATE CALCULATIONS	į į	i									
1	Cost Center Peer Groups	(see Policy Manual)		1	4	2	1					
	Type of Facility within Peer Group	(see Folicy Mailtai)	I	All Facilities	All Facilities		7 All Facilities	All Facilities	1 All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
!	Peer Group Standards & Efficiency Measure Limits		! :						1	1 1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts			:		1						
5		As Filed FY12 C/R -FY 2018 GL-PL Rp1	\$5,327,017,00	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816.515	\$235,785	\$203,707	\$0
. 6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$97,943)	(\$5,060)	\$0		(\$2,159)	1	1		(\$37,125)	
7		FY12 Audited C/R	\$5,229,074	\$2,988,859	50		\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
8	•	FY12 Audited C/R Days	33,103	. 42,000,000		0400,100	φοσο, 145	9212,515	\$123,120	\$255,705	\$100,382	\$30,039
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days						1		31,977		
9		Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	***************************************	1.6176	40.00		\$10,43	(11111111111111111111111111111111111111	922,04	\$1.57	\$3.03	φ1.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82		1				: :		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49	:	\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71,51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	31.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126,66	\$55.82	\$0.00		\$18.49		\$20.56	\$7.37	9.44	\$1.08
							• • • • • • • • • • • • • • • • • • • •		,		(FRV)	. 41.00
. 45	Quarterly Per Diem Rate Prior to Add-ons							•		1		:
15		Ln 14 x Grwth Allwnc %	\$19.98	\$10.25	\$0.00		\$3.40		\$3.78	N/A	N/A	N/A
· 16	:	Ln 14 + Ln 15	\$146.64	\$66.07	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
		per Current Qtr End		1.5830		!						i i
18		Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	6405 15	\$104.59	40					: '		
. 19	duanterry medicald GMA Allowed Per Diem	No # Ln 10, All∪ini = £fi 16	\$185.16	\$104.59	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
	Quarterly Per Diem Add-on Amounts					1		:	i	: 1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61					į			i
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.14	\$3.14		1 1		!	1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			-		! :	\$17.10	: 1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.17	\$110.87	\$0.00	\$16.67	\$22.30	\$0.00	\$41.44	\$7.37	\$9.44	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.05	1		1		l		<u>:</u> !		·
	-	1	÷,,,,,,,,	:								

	ovider: PruittHealth - Virginia Park		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Ph	vdr ID: 00140401A Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 30.6%	18.37% 2.5%			d Overall CMI: Medicaid CMI;		1,4219 1,5611	1.3617
1	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.40	3.0%	Ortrly Moaid	CMI w RUG \			1.5881	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Ъ	C	d	e	f	g	g	h	i
· CA	ASE MIX BASED RATE CALCULATIONS	:				1		;	:			
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	. 2	1	1		İ		
	Type of Facility within Peer Group	(see I only manual)		. All Facilities	. •	Free Standing	All Facilities	: I : All Facilities	. All Facilities	1		
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	,	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	:			:	:			:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	: !		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	. '		'
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		;	'
: 1	Base Period Per Diem Allowed Amounts	:			!	1			:			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,547,096.00	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$8,698)	\$74,503
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756		\$1,216,168	\$306,121	\$790,723	\$74,503
8	Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111			:			1	'		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days		•		1				41,304		;
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.4219		i ;						*****
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26		1				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. ,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90	\$1.86
	Quarterly Per Diem Rate Prior to Add-ons				!	1				1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23,42	\$13.14	\$0.00	\$3,30	\$3.20	\$0.00	62.70			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Lp 14 + Lp 15	\$172.03	\$84.65	\$0.00	\$21.24	\$3.20 \$20.63	\$0.00	\$3.78 \$24.34	f	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$172.00	1.5881	. 90.00	321.24	φ20.63	\$0.00	\$24,34	\$7.41	\$11.90	\$1.86
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$134.43		1					:	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.81	\$134.43	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7,41	\$11,90	\$1.86
	Quarterly Per Diem Add-on Amounts	:					,	1			71.000	
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	***			·		:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36	\$0.00	30.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3.36 \$4.03	\$3.30 \$4.03		:		1				
23	Nursing Home Provider Fee	(Fixed Amount)	\$4.03 \$17.10	\$4.03		1			647.40	i i		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.10	\$0.00	do oo	eo eo !
-	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.93	\$141.82	\$0.00	\$21.46	\$21.04	\$0.00	·		\$0.00	\$0.00
+			\$240.93	\$141.82	30.00	\$21.46	\$21.04	\$0.00	\$41.44	\$7.41	\$11.90	\$1.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$172.37									
.,												

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
Prvdr	TID: U0143569A Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 51.3%	18.37% 5.5%			d Overall CMI:		1.5606	1.3617
:	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.19	3.0%	Only Moaid		Medicaid CMI: Wght Options:		1.6780 1.7102	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	С	d	е	f	g	9	ħ	î
CAS	SE MIX BASED RATE CALCULATIONS		1	I					:	1		
: -	ost Center Peer Groups	/ 5" 14 0				1 1	_					
, , ,	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	· 1	Free Standing	1 All Facilities	1 All Facilities	1			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Facilities All Bed Sizes	í l		
P	eer Group Standards & Efficiency Measure Limits			202 0.250	, , , , , , , , , , , , , , , , , , ,	7, Det 6.200	7III DUG ÇIZCO	AN DEG DIZES	All Ded Sizes			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	}		
i,	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
В:	ase Period Per Diem Allowed Amounts									1		
: 1	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$2,448,193.00	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	: \$0
. (	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,144)	(\$2,500)	:		\$0,004	\$1,342			(\$21,413)	
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0		\$148.864	1		\$113.081	(\$21,413) \$72,687	\$21,41
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16.572			0200,010	\$140,004	\$200,103	Ψ000,040	\$115,001	\$12,001	Φ&1,41.
1 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days	, ,,,,,,,			1		1		14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21,45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.5606		7. 1130	<b>42</b>	(**************************************	921.43	\$1.05	<b>4</b> 74.55	φ1.23
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37						'		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54	1	\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61	\$1.29
	uarterly Per Diem Rate Prior to Add-ons							:	1		(FRV)	* //-
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	040.00									
,	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$19.22 \$141.32	\$8.89 \$57.26	\$0.00		\$3.96	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.32		\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	1.7102 \$97.93		1				1		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$181.99	\$97.93	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	67.66	<b>CO.C4</b>	
			ψ101.99	991.90	\$0.00	\$10,07	\$23.50	φυ,υυ	324.34	\$7.65	\$8.61	\$1.29
	uarterly Per Diem Add-on Amounts					1			:	1		
	Efficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39		:				: :		
:	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94		1			!			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		· ·			1	\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$8.86	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.58	\$106.79	\$0.00	\$16.89	\$25.91	\$0.00	\$41.44	\$7.65	\$8.61	\$1.29
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.61	······································					1	<u></u>		

	roviden: PruittHealth - West Atlanta rvdr ID: 00256088A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overali CMI:		Facility Specific 1.3473	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	urs per On-Site Day/Q	trly BIMS score uality Incentive:	13.0% 3.35	0.0% 2.0%	Ortrly Meald	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.2468 1.2659	1,4961 1.5223
Line #	Description	Sources / Catculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		a	b	Ç	d	е	f	9	g '	h	i
C	CASE MIX BASED RATE CALCULATIONS					!				:		
1	Cost Center Peer Groups	(see Policy Manual)		. 1	•	2	4	1		,		1
i	Type of Facility within Peer Group	faces one) maneth		. All Facilities	All Facilities	Free Standing	All Facilities	: / : All Facilities	: All Facilities			
	Bed Size Range within Poer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		:		
	Peer Group Standards & Efficiency Measure Limits					!		:	:			;
2	Peer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%	:	50.0%			Ì
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
	Base Period Per Diem Allowed Amounts					:		:				
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277.00	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917.961	\$288,717	\$263,915	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588						!		*********	40,,00.
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days							;	34,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20.40	\$8.34	\$5.06	\$1,62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3473		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80					1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1,62
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09	100	\$20.40	\$8.34	10.06	\$1.62
1	Quarterly Per Diem Rate Prior to Add-ons					:				:	(FRV)	
15	·	Ln 14 x Grwth Allwnc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4,24	\$0.00	\$3.75	N/A	N/A	AT/A
16	-	Ln 14 + Ln 15	\$163.38	\$74.34	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	N/A \$1.62
17	•	per Current Qtr End		1.2659	40.00	\$17.54	Ψ21.00	\$0.00	, <b>\$24.15</b>	. 40,34	310.00	\$1.02
18		En 16 x En 17		\$94,11						1		ı
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183,15	\$94.11	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
	Oundarie Bar Blanchda an America							•	1		4.0.00	, 47.02
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem {(Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	PA 07	£0.50	60.00	40.00						
21		Ln 19 Col b x CPS Add-on	\$0.87 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
22	· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Strng Add-on	\$1,88	\$1.88		1		İ	i.			:
23		(Fixed Amount)	\$17.10	. 401.00		;		: !	: \$17.10	:		
24		Sum of Les 20 thru 23	\$19.85	\$2,41	\$0.00	\$0.22	\$0.00	: \$0.00	\$17.10	\$0.00	60.00	
25		Լռ 19 + Ln 24	\$203.00		\$0.00	\$17.76	\$27.33	\$0.00	\$41.37	\$8.34	\$0.00 \$10.06	\$0.00
				\$30,32	ş0.00	311.16	\$21.33	30.00	\$41.37	\$8.34	\$10.06	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.43									

Provide	*		Add-on Data and Percentages Growth Allowance: Qtrly BIMS score urs per On-Site Day/Quality Incentive:		Facility Score N/A 52.4% 3.28	Add-on Percent 18.37% 5.5% 2.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1.2112 1.4564 1.4856	State- wide 1,3617 1,4961 1,5223
Prvdr ID:	J: 00370851A Case Mix Per Diem Rate Effective Date:											
	MDS & Nurse Hrs Data per Quarter Ending:											
Line #	Description		Totals	Routine Services	Special Services		Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			- :					i	ļ .		
	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	:		
	Type of Facility within Peer Group	(see Folicy Manuar)		All Facilities	. All Facilities	_	ז All Facilities		All Facilities	1		1
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		: All Bed Sizes	1		İ
Pee	er Group Standards & Efficiency Measure Limits			:		1				: :		i
	eer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	50.0%	1 .		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4 <i>El</i>	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Bas	se Period Per Diem Allowed Amounts							<i>i</i>	i	:		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,924,434,00	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	. SO
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,033)	(\$1,698)	\$0		(\$2,268)		(\$61,577)	, ,	(\$32,836)	1
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	1	\$247,978	\$303,372	1 1 ,	. :	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301			1	,	:		1	4,	402,200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days				1		1		22,006		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1,45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112		1			1	1 1	****	1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21					:	:		
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Լո 9		\$52,21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1,33	\$1,45
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86	\$1.45
0	orterly Per Diem Rate Prior to Add-ons					1		:		:	(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.08	\$9.59	\$0.00	\$2.98	\$4.24	\$0.00	\$3.27	N/A	11/A	
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$144.16	\$61.80	\$0.00	1 1	\$27.33	\$0.00	\$21.05	\$3.48	N/A \$9.86	N/A
1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$1-4-7.10	1.4856	\$0.00	Φ15.15	\$27,33	30.00	\$21.05	φ3,40	29.00	\$1.45
. 1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.81		: 1		:	!	i :		
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$174.17	\$91.81	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
•	and marks all a					1					45.40	1 0,,,,,
	erterly Per Diem Add-on Amounts	( f)=E [				!			i	1		
	fficiency Add-on Per Diem ([Stnd - Alvd] x .75, up to max, or 0)  IMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	i :	\$0.00	
1 :	IMS Add-on Per Diem = 5.5% (to Routine Srvs) urse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$5.05	\$5.05								
	ursing Home Provider Fee	(Fixed Amount)	\$1.84 \$17.10	\$1.84					647.40			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.11	\$7,42	\$0.00	\$0,22	\$0.00	\$0.00	\$17.10 \$17.47	\$0.00	£0.00	
	arterly Case Mix Based Per Diem Rate	Ln 19 + La 24	\$199.28	\$99.23	\$0.00	***		<del> </del>	· · · · · · · · · · · · · · · · · · ·	-	\$0.00	
<del></del>				335.23	\$0.00	\$19.41	\$27.33	\$0.00	\$38.52	\$3.48	\$9.86	\$1.45
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.64									

Pr	ovider: Quinton Memorial Health Care vdr ID: 00150279A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20		lata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive;	Facility Score N/A 18,0% 2.97	Add-on Percent 18.37% 0.0% 3.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options;		Facility Specific 1.2702 1.4197 1.4440	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
لـــــا			а	b	<u> </u>	d	e	f	l g		h	i
<u>CA</u>	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier  Efficiency Measures (Maximums)  Per Diem Costs and Add-ons  GL-PL- Insurance Costs  Total Nursing Facility Days GL-PL Ins. Rpt  Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 95% of Std  Growth Allowance 18.4%  CMA Allowed Per Diem (After Growth Alowance)  Quarterfy Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterfy Medicaid CMA Allowed Per Diem  Quarterfy Medicaid CMA Allowed Per Diem  Quarterfy Per Diem Add-On Amounts  BIMS Add-on Per Diem = 0.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. R FY2018 GL-PL Ins. R FY 2012 Peer Group L	pt	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.4440 \$116.11 \$116.11	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12 \$23.12		\$19.72 \$19.72 \$19.72 (FRV Rate) \$19.72	\$0.09 \$0.09 \$0.09
	Quarterly Case Mix Based Per Diem Rate	***************************************	\$226.58	\$119.59		\$20.70	\$25.97		\$40.22	\$0.29	\$19.72	\$0.09
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$157.11				7						79700

Case Mix Per Deer Rate Efficiency Data   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   Property   P		Regency Park Health Care 00837207A		Add-on Data and	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI		Facility Specific 1.4547	State- wide 1,3617
Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description								Ortrly Moaid				1.3857 1,4104	1.4961 1.5223
CASE MIX BASED RATE CALCULATIONS   1		Description		Totals			Dietary	,	Operatos	and	1	Property and Related	Taxes and Insurance
Cost Center Pace Croups   Cost Center Pace Croups   Pace Croup   All Pacilities   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All Pacellisties   All P				а	ь	c	ď	е	f	9	g	h	i i
Proc Group Standards & Efficiency Measure Limits   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facilities   AF Facili	ASE MIX	BASED RATE CALCULATIONS			:				:				
Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   Septemb	Cost Cer	nter Peer Groups	(see Policy Manual)	i				4			1		İ
Bed Size Range within Free Group   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size   Air Bed Size		•	(acor only manuary				. –	•			1 :		
Cose   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost   Cost	Ве	nd Size Range within Peer Group								1			
Peer Group Standards: Percentile    (see Policy Manual)   90.0%   90.0%   90.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%	Peer Gro	up Standards & Efficiency Measure Limits					1				1		
Peer Group Standards: Multipliar   (see Pelicy Manual)   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%			(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts   As Filed Cost Center Costs (Routine & Special Street Containined)   As Filed FY12 CR. FY7 2018 GLPL Rpt   S6,119,462.00   S3,567,704   S0   S675,301   S331,978   S411,925   S644,456   S10,006   Audit Adjustments and Repolar Costs (Pr12 CR. Audit Adjustments (S16,132)   (\$1,606)   S0   (\$22,889)   S0   S0   S0   S14,526   S0   S0   S0   S14,526   S0   S0   S0   S14,526   S0   S0   S0   S14,526   S0   S0   S0   S14,526   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S0   S14,526   S0   S0   S0   S0   S0   S0   S0   S			(see Policy Manual)		100.0%	100.0%					1		:
Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Soci	Efficien	cy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			İ
Audit Adjustments and Reallocations to Cost Center Costs	Base Per	riod Per Diem Allowed Amounts					1 1				1		
FYIZ CRA Zuidi Adjustments and Reallocations to Cost Center Costs   FYIZ CRA Zuidi Adjustments   FYIZ Audited CR   S6,103,330   S3,566,098   S0   S672,912   S331,978   S411,925   S529,930   S10,006	As Filed	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$6,119,462.00	\$3,567,704	\$0	\$675.301	\$331,978	\$411.925	\$644.456	\$10,006	\$478.092	\$0
Cost Center Costs After Audit Adjustments  Total Nursing Facility Days As Filed Days = 34,984  Total Nursing Facility Days As Filed Days = 33,299  PY 18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistnt to Routine Sixos Ln 7 / In 8 Col a Face Perior Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Sixos Routine Sixos Case Mix Adjistnt to Routine Sixos Sixos Routine Sixos Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Sixos Routine Routine Sixos Routine Routine Sixos Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine	Audit A	djustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)		1 1			1 ' '		(\$486)	1
Total Nursing Facility Days			FY12 Audited C/R	, , ,				•	1			\$477,606	\$2,875
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	Total	Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984						4-20,000	3.0,000	<b>4</b> 11 1 , 200	02,010
9 Net Per Diems prior to Case Mix Adjatmt to Routine Srvcs  1. 7 / Lin B Col a	Total	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days				* .			:	33,329		
Base Period Facility Case Mix Adjistd (CMA) Net Per Diem	Net Per	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01		\$13.65	\$0.08
12 Net Per Diems after Case Mix Adjistmit to Routine Srvcs	Base	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.4547		:		i '			******	
13 Per Diem Standards (After Statewide CMA for Routine Srves) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$22.09 \$20.56 \$0.00 \$14 Base Period Case Mix Adjusted Allowed Per Diem Lessor of Ln 12 or Ln 13 \$148.61 \$70.08 \$0.00 \$18.41 \$21.26 \$18.01 \$0.30 \$0.30 \$0.30 \$0.30 \$18.41 \$21.26 \$18.01 \$0.30 \$0.30 \$0.30 \$0.30 \$18.41 \$21.26 \$18.01 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.30 \$0.3	Rout	ine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10	1	\$70.08		1		:		1		:
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$148.61   \$70.08   \$50.00   \$18.41   \$21.26   \$18.01   \$0.30	Net Per	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26	:	\$18.01	\$0.30	\$13.65	\$0.08
Cuarterly Per Diem Rate Prior to Add-ons   Sum of Ln 14 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of Ln 24 x Grwth Allwinc %   Sum of	Per Die	m Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
15   Growth Allowance Percentage = 18.37%	Base P	eriod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20,47	\$0.08
15   Growth Allowance Percentage   18.37%   Ln 14 x Grwth Allowance   \$23.47   \$12.87   \$0.00   \$3.38   \$3.91   \$0.00   \$3.31   N/A	Quarterly	Per Diem Rate Prior to Add-ons									1	(FRV)	
CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 x Grwth Allwing %	\$23.47	\$12.87	\$0.00	63.38	\$3.01		£2 21	NIZA	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Qtrity Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$116.99 \$0.00 \$21.79 \$25.17 \$0.00 \$21.32 \$0.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$		-	Ln 14 + Ln 15					*				\$20.47	\$0.08
18		·	per Current Qtr End			00.00	Q27.10	Ψ20.17	. 40.00	ψ <b>2</b> 1.02	φ0,30	\$20.41	\$0.05
19 Quarterly Medicaid CMA Allowed Per Diem	1		Ln 16 x Ln 17								4		
Quarterly Per Diem Add-on Amounts         20       Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)       (see Policy Manual)       \$1.31       \$0.53       \$0.00       \$0.00       \$0.41       \$0.00       \$0.37         21       BIMS Add-on Per Diem =       0.0% (to Routine Srvs)       Ln 19 Col b x CFS Add-on       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00		• • •	RS = Ln 18, AllOthr = Ln 16	\$206.12		\$0.00	\$21,79	\$25.17	\$0.00	\$21,32	\$0.30	\$20.47	\$0.08
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 \$  21 BIMS Add-on Per Diem = 0.0% (lo Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0	Ounetoels	. Par Diam Add on Amounts					1		:	1	:	******	!
21       BIMS Add-on Per Diem =       0.0% (to Routine Srvs)       Ln 19 Col b x CPS Add-on       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00			(see Policy Manual)	\$4.24		¢0.00	60.00	50.44					i
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$3.51 \$3.51 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.92 \$4.04 \$0.00 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00 \$25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$228.04 \$121.03 \$0.00 \$21.79 \$25.58 \$0.00 \$38.79 \$0.30			, , ,			. 90.00	30.00	3U,41	. 20.00	\$0.37		\$0.00	i
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10     \$17.10     \$17.10       24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$21.92     \$4.04     \$0.00     \$0.00     \$0.41     \$0.00     \$17.47     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$228.04     \$121.03     \$0.00     \$21.79     \$25.58     \$0.00     \$38.79     \$0.30		·		· ·			1		ı	i	:		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$21.92     \$4.04     \$0.00     \$0.00     \$0.41     \$0.00     \$17.47     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$228.04     \$121.03     \$0.00     \$21.79     \$25.58     \$0.00     \$38.79     \$0.30	•		· ·		. \$3,31					64745	1		۸.
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$228.04 \$121.03 \$0.00 \$21.79 \$25.58 \$0.00 \$38.79 \$0.30		•			. \$4.04	\$B በበ	\$0.00	\$0.44	\$0.00			do no	60.00
22.00	**						1			-		\$0.00	\$0.00
26 Quarterly Per Diem Rate for Red Hold and Leave Days (In 25-In 23) 1075 C459 24	<u></u>			····	3121.03	\$0.00	\$41.79	\$∠5.58	\$0.00	\$38.79	\$0.30	\$20.47	\$0.08
20 data 17 to 20th rate 10 Bed field and Eclare 2013	Quarterly	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.21									

Prov Prvd	ider: Rehabilitation Center of South Georgia r ID: 00143283A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtrl	th Allowance: by BIMS score	Facility Score N/A 44.4% 3.95	Add-on Percent 18.37% 2.5% 2.0%	7/1	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1416 1.5020 1.5282	State- wide 1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	ase Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
10000	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)	0.0000000000000000000000000000000000000	(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	35,948	0.80		8 8				7.5 7.555		***********
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1416								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70	\$1.02
0	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.76	\$11.39	\$0.00	\$2.64	\$3.56	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.17	\$73.42	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5282								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.95	\$112.20	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
C	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81		J (14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.63	\$117.78	\$0.00	\$17.21	\$23.33	\$0.00	\$37.92	\$1.67	\$8.70	\$1.02
26 <b>C</b>	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.90									

Prov	ider: Reliable Health and Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvd	r ID: 321026473A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1,4077	1.3617
	Case Mix Per Diem Rate Effective Date:	** - *- *- *		trly BIMS score	44.4%	2.5%			Medicaid CMI:		1.7511	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	4.00	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.7844	1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		*	a	ь	c	. d	е	f	q	a	h	i
CAS	SE MIX BASED RATE CALCULATIONS				-	:			i			
	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	1				
	Type of Facility within Peer Group	(Boot only manuary		. All Facilities	All Facilities	Free Standing	All Facilities		: All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			•
1	Peer Group Standards & Efficiency Measure Limits					1				1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			!
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			!
	Base Period Per Diem Allowed Amounts								i I	1 /		:
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988.00	\$2,782,032	50	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73.937	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	SO.	\$0	(\$4,484)	(\$11.377)	1		(\$52,872)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0		\$312,140	\$434,843	,		\$21,065	
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33.132	. •—•···-•	•		45.14,1.15	• 10 1,0 10		<b>4.1.6,1.1.</b>	Q2.,000	. 401,275
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days				:		(		30,538		I :
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60		\$0.64	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.4077	, , , , , ,	1	7			400	<b>4</b> 0.04	47.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41					!	i :		! !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131,97	\$59.41	\$0.00		\$22.55		\$20.56		10.59	\$1.85
			*				•===	f	<b>V</b> L0.00	40.75	(FRV)	\$1,00
	Quarterly Per Diem Rate Prior to Add-ons									1	, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.26	\$10.91	\$0.00		\$4,14	\$0.00	\$3.78	1	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.23	\$70.32	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7844		1			!			
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$125.48		:		:	1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.39	\$125.48	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
C	Quarterly Per Diem Add-on Amounts					1				:		!
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0,00		\$0.00	! !
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,14	\$3.14		: 1		!		İ .	<b>+2.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76				į	!	1		l
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1		i	\$17,10	i .		  -
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7,43	\$0.00	\$0.22	\$0.40	\$0.00		A company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp	\$0.00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$233.54	\$132.91	\$0.00	-	\$27.09	\$0.00	\$41.44	*****	\$10.59	\$1.85
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.33						I	<u> </u>		
		(	¥102,33	•								

Prvdr ID: 00141754A			Percentages	Score	Percent	Case	e Mix Index (C	*****		Specific_	wide
			with Allowance:	N/A	18.37%			Overali CMI:		1.5068	1.3617
Case Mix Per Diem Rate Effective Di MDS & Nurse Hrs Data per Quarter End		Q rs per On-Sile Day/Q	Itrly BIMS score	40.6% 3.04	2.5%	0.1.1.1.1		Aedicaid CMI:		1.6447	1.4961
mos à nuise nis data per quarter end	ing. 03/31/20 Nuise noui	is per On-Site Day/Q	basky incentive:	3.04	3.0%	unny meala	CMI w RUG V	vgnt Options:		1.6746	1.5223
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:		а	ь	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS											******
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	,		
Type of Facility within Peer Group	(ess rons) monasi,		: All Facilities	All Facilities		All Facilities		All Facilities			1
Bed Size Range within Peer Group	· 1		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		1
Peer Group Standards & Efficiency Measure Limits	1							,			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			:
4 Efficiency Measure Maximums (see lino 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	ì		
Base Period Per Diem Allowed Amounts					1						
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844.00	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$704,220)	(\$113.058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0		\$255,514	,	\$1,099,217	\$971,207	\$365,282	
8 Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744								****	, 400,000
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days								44,450		1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21,24		\$7.06	\$1.04
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068			******	,		421.00	47.00	Ψ1.0-
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$38.74	:							
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38,74	\$0.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1.04
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	, ,,,,
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00		\$10.56		\$20.56		7.18	\$1.04
			:		1			:	1	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons   15   Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	*****									
		\$15.06	\$7.12	\$0.00		\$1.94	\$0.00	\$3.78		N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$127.08	\$45.86	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.0
	per Current Qtr End Ln 16 x Ln 17		1.6746					!			
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	2150.00	\$76.80								ı
19 Guarterly Medicaid CMA Allowed Per Cleff	KS - LN 18, ANOTH - LN 16	\$158.02	\$76.80	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x 75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine St	vs) Ln 19 Col b x CPS Add-on	\$1.92	\$1.92						1 :		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30	:				!			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4,75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.50	\$81.55	\$0.00	\$14.53	\$12.91	\$9.00	\$41.44	\$21.85	\$7.18	\$1.04
26 : Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122,55	:	***************************************			h	!	<del></del>		

Provide Prvdr II		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 36.2% 2.87	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2677 1.4854 1.5101	State- wide 1.3617 1.4961 1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:				8	b	С	ď	е	f	g	g	h	i
CASE	E MIX BASED RATE CALC	CULATIONS		•		:	. :				1		:
1 Cos	st Center Peer Groups		(see Policy Manual)	· 	1	1	2	1	1	1			
	Type of Facility within Peer Group	9			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			i
	Bed Size Range within Peer Grou	ip :			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Pec	er Group Standards & Efficiency	y Measure Limits		ı			1						
	Peer Group Standards: Percentile	,	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (se	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	1		
Bas	se Period Per Diem Allowed Am	nounts		•		:	1			:	1		
5 A	As Filed Cost Center Costs (Routi	ne & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527.00	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	. \$(
6 A	Audit Adjustments and Reallocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7 C	Cost Center Costs After Audit Adju	stments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,250
8	Total Nursing Facility Days	As Filed Days = 29,678	FY12 Audited C/R Days	29,678			:					,,	
	Total Nursing Facility Days GL-P	PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days				1		I	:	27,375		
9 N	let Per Diems prior to Case Mix A	distmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix In	dex for All Residents	from 4 qtrs of FY12		1.2677					:	\$	¥1.1	
11	Routine Srvcs Case Mix Adjstd (	(CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87		:						
12 N	let Per Diems after Case Mix Adjs	tmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	,	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13 P	er Diem Standards (After Statewide	CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	•	\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted All	lowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87		7.07	\$1,50
1_	. <b></b>											(FRV)	
	arterly Per Diem Rate Prior to A		to the Court Allera Mr						!				
	Growth Allowance Percentage =	<u>18.37%</u>	En 14 x Grwth Allwnc %	\$18.66	\$9.71	\$0.00	\$3.12	\$2.91	\$0.00	\$2.92	1	N/A	N/A
3	CMA Allowed Per Diem (After Growt	ŕ	Ln 14 + Ln 15	\$137.74	\$62.58	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.50
	Quarterly Facility Case Mix Index		per Current Qir End		1.5101		· 1			:	1		
18 19 Q	Ortrly Routine Srvcs Case Mix A		Ln 16 x โ.ก 17 RS = Ln 18, AllOthr = Ln 16		\$94.50		:						
is Q	Quarterly Medicaid CMA Allowed P	e Dien	NO - Eli To, Allouii - Eli To	\$169.66	\$94.50	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
Qua	arterly Per Diem Add-on Amour	nts			•				i				
20 E	Efficiency Add-on Per Diem ([Stnd	- Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	ì	\$0.00	
21 B	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36		1		1				
22 N	lurse Staff Hrs / Quality Add-on Pr	er Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$1.89	\$1.89		i i						
23 N	lursing Home Provider Fee		(Fixed Amount)	\$17.10			1			\$17.10			I
24 To	otal Quarterly Per Diem Add-on A	mounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Die	m Rate	Ln 19 + Ln 24	\$192.54	\$99.28	\$0.00	\$20.32	\$19.17	\$0.00	\$36.26	\$8.88	\$7.07	\$1.50
26 0	arterly Per Diem Rate for Bed H	old and Leave Dave	(Ln 25 - Ln 23) * 0.75	\$131,58			! <u>!</u>		<u></u>	·	<u>:                                      </u>	-	

	ovider: Ridgecrest Rehab & Skilled Nursing Center	Ad	ld-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	se Mix Index (C	CMI) Data		Facility Specific 1,2980	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per	Qtr	ly BIMS score		2,5% 2.0%	Ortrly Meaid		Medicaid CMI:		1.4204 1.4459	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	¢	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Mayimum (e.g. Fre 20 (e.g. the))	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$6,207,310	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
6	Audit Adjustments and Realfocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)	1	(\$6,444)	\$6,444
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$6,136,194	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$709,310	\$89,287	\$248,880	\$6,444
8	Total Nursing Facility Days As Filed Days = 38,837	FY13 Audited C/R Days	38,837									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	6450.40	007.04	****	240.44	240.50			36,967		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10	\$158.12	\$97.84	\$0.00	\$16.44	\$16.58	(with L&H)	\$18.26	\$2.42	\$6.41	\$0.17
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		1.2980 \$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOihr = Ln 9		\$75.38	\$0.00	\$16.44	\$16,58		040.00	20.40		
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$18.26 \$23.46	\$2.42 \$0.00	\$6.41 N/A	\$0.17
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138,04	\$73.90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10,27 (FBV)	\$0.17
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$23.00	\$13.58	\$0.00	\$3.02	\$3.05	\$0.00	\$3,35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.04	\$87.48	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.4459								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126,49								
19	Quarterly Medicaid CMA Aflowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.05	\$126.49	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x String Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$5.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.84	\$132.18	\$0.00	\$19.68	\$20.04	\$0.00	\$39.08	\$2.42	\$10.27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.06		•	-	<b>1</b>	·				·

	rovider: Ridgewood Manor Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pı	rvdr ID: 00142744A			wth Allowance:	N/A	18.37%			f Overall CMI:		1.3042	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	37.4%	2.5%			vledicaid CMI:		1.3280	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	s per On-Site Day/Q	uality Incentive:	2.93	3.0%	Ortrly Moaid	CMI w RUG V	Nght Options:		1.3490	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	С	d	е	f	g	9	h	i
С	ASE MIX BASED RATE CALCULATIONS			:				:				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2				:		[
•	Type of Facility within Peer Group	(see Folicy Malidal)		All Facilities	I All Facilities	Free Standing	T All Facilities	All Facilities	. All Facilities			i
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	: -		:				_	; <del></del>			:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			ĺ
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts								İ			1
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,189,983.00	\$3,025,952	\$0	\$553,960	\$367,214	\$335,603	\$554,570	\$10,206	\$342,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20.811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794						! •===•:==		*******	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL ins Rpt Days						· ·	l	36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	. Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3042		:					*	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66						1		:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01	\$0.09
	Quarterly Per Diem Rate Prior to Add-ons			:							(FRV)	:
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$21.69	\$12.25	\$0.00	\$2.91	\$3.71	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	in 14 + in 15	\$148.12	\$78.91	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4.75.12	1.3490	40.00	1	420.01	. 40.00	\$10.10	\$0.20	30,01	\$0.03
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.45					İ			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.66	\$106.45	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
	Quarterly Per Diem Add-on Amounts									;	23.01	1
20		(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		£0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.66	\$0.55	00.U¢	. \$0.22 !	φυ.41	50,00	\$6.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3,0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$3.19	\$3.19		1			İ			i i
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	90.19		1			\$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	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.14	\$112.83	\$0.00	\$18.98	\$24.32	\$0.00	\$35.63	\$0.00	\$0.00	\$0.00
				7112.00		\$10.30	7c.+.3c	\$0.00	333.03	<b>\$</b> 0.∠8	FU.8¢	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.28									

1	rrovider: River Towne Center rvdr ID: 00082684A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI	-	Facility Specific 1.4711	State- wide 1.3617
	Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin		O ors per On-Site Day/Q	trly BIMS score uality Incentive:	61.3% 2.99	5.5% 2.0%	Ortrly Moaid		Medicaid CMI	:	1.8149 1.8485	1,4961 1,5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		:	a	b	c	d	е	f	9	g	h	1
С	CASE MIX BASED RATE CALCULATIONS										77	
1	Cost Center Peer Groups	(see Policy Manual)				2		1				! !
ļ .	Type of Facility within Peer Group	, (see Policy Manual)		All Facilities	1 All Facilities	Z Free Standing	1 All Facilities	All Facilities	1 All Facilities			i 1
	Bed Size Range within Poor Group	•		All Bed Sizes		All Bed Sizes	All Bed Sizes	i .	All Bed Sizes	. [		1
	Peer Group Standards & Efficiency Measure Limits	1		-		1						٠
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	f .		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	,				:				:		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475.00	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	. \$0
<sup>j</sup> 6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)		1 1	(\$44,706)	\$51.015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787.666	\$421,900		\$1,053,947		\$266,447	\$51,015
- 8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753		•-		¥ 1= 1,000	1 100,100	. 41,000,011	\$10,707	ΨΕ-1003Ψ	Ψ51,015
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days								34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$114,91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	1 1	\$4.46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1,4711			*******		. 471.07	0410	<b>\$7.40</b>	. 40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	: Ln 9 / Ln 10		\$41.72		¥				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.72	\$0.00	\$13,18	\$15,23		\$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	1	7,46	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons	1								1 :	(FRV)	
15	· ·	Ln 14 x Grwth Ailwnc %	\$16,12	\$7.66	\$0.00	50.40	***					
16		Ln 14 + Ln 15	\$114.38	\$49.38	\$0.00	\$2.42 \$15.60	\$2.80 \$18.03	\$0.00 \$0.00	\$3.24		N/A	N/A
17		per Current Otr End	\$714.50	1.8485	Φ0.00	\$15.60	\$10.03	20,00	\$20.88	\$2.18	\$7.46	\$0.85
18		Ln 16 x Ln 17		\$91.28		1						
19		RS = Ln 18, AliOthr = Ln 16	\$156.28	\$91,28	\$0.00	\$15,60	\$18.03	\$0.00	\$20.88	\$2.18	\$7,46	\$0.85
			7.20120		45.00	4.0.00	<b>\$10.00</b>		. 00.020	φ2.10	φ7.46	30.00
20	Quarterly Per Diem Add-on Amounts								I			! 
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	i
22		· .	\$5.02	\$5.02					•			•
23	· — · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.83	\$1.83				l	!			
24	ii varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa varaa	Sum of Lns 20 thru 23	\$17.10		<b>**</b> **			!	. \$17.10			
·			\$25.48	\$7,38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.76	\$98.66	\$0.00	\$15.82	\$18.44	\$0.00	\$38.35	\$2.18	\$7.46	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.50					·		······································		·

Case Mark For Dam Rate Ellicitive Date:   Mark Solve   Mark Por Dam Rate Ellicitive Date:   Mark Solve   Mark Por Dam Rate Ellicitive Date:   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark Solve   Mark		vider: Riverdale Place Care and Rehab	***************************************	Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	•	Facility Specific	State- wide
Line   Description   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Source   Totals   Totals   Source   Totals   Totals   Source   Totals   Totals   Source   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals   Totals	Prv			Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.5593	1.3617
Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page													1.4961
Line	!	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.22	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:		1.5086	1.5223
CASE MIX BASED RATE CALCULATIONS   1   2   1   1   2   1   1   2   1   1	Line #	Description		Totals	. "		Dietary		Operatns	and		and	Taxes and Insurance
Cost Center Pear Croups   Cost Center Pear Croups   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field State   Art Field St				<u>a</u>	ь	С	ď	е	f	g	9 ,	h	i
Type of Facility within Prec Group   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   A	C/	SE MIX BASED RATE CALCULATIONS							*				
Type of Facility within Prec Group   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   A	1	Cost Center Peer Groups	(see Policy Manual)	:	1	. 1	. , .	1					
## Bidd Size Range within Prest Group Pear Group Standards & Efficiency Measure Limits Pear Group Standards Percentile   Pear Group Standards Percentile   See Policy Manual)   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%   100.0%	,		(and the broad manager		All Facilities		- /	•		. All Facilities	1		·
Pear Group Standards: Pearenfolde   (see Policy Manual)   9,00%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90.0%   90		Bed Size Range within Peer Group											
3 Pear Group Standards: Multiplier   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see Pelicy Manual)   (see	1	Peer Group Standards & Efficiency Measure Limits							:				
Base Period Parally Asserted Massirum Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted Asserted	:		(see Policy Manual)	;	90.0%	90.0%	90.0%	85.0%	:	50.0%			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine A Special Sirvac Combined) 6 As Filed Cost Center Costs (Routine A Special Sirvac Combined) 7 Cost Center Costs (Routine A Special Sirvac Combined) 8 FY12 CR Audit Adjustments and Realizations to Cost Center Costs (S22,844) 9 Cost Center Costs After Audit Adjustments 9 FY12 Audited CR Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp.	-								:	1	:		:
5 A Filed Cost Center Costs (Routino & Special Svex Combined) 6 Audit Adjustments and Realiocations to Cost Center Costs 770 Cost Center Costs After Audit Adjustments 771 Can Audit Adjustments 771 Audited CR 772 Audited CR 772 Audited CR 773 As Filed Cost Center Costs After Audit Adjustments 774 Audited CR 774 Audited CR 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52.850 775 As Filed Days = 52	4 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 FY12 CAR Audited CRT 8 S,272.674 8 3,261,879 8 1 S79,630 8 329,033 8 450,179 8 1,362,617 8 77,587 8 77,587 8 77,587 8 77,587 8 78,7931 8 22,869 7 Total Nursing Facility Days GL-PL Ins. Rpt In a Field Days = 50,021 9 Nel Per Dilems prior to Case Mix Adjust to Routine Srives 1 In 71.11 Col a 1 Routine Srives Case Mix Adjust to Routine Srives 1 In 71.11 Col a 1 Routine Srives Case Mix Adjust to Routine Srives 1 In 71.11 Col a 1 Residents 1 In Routine Srives Case Mix Adjust to Routine Srives 1 In 71.11 Col a 1 Residents 1 In Routine Srives Case Mix Adjust (MA) Net Per Diem 1 In Routine Srives Case Mix Adjust (Ma) Net Per Diem 2 Nel Per Diems Rather Gase Mix Adjust to Routine Srives 3 S 14.53 3 Per Diem Standards (Alter Statewide CMA for Routine Srives) 4 Research Case Mix Adjusted Allowed Per Diem (Alter Growth Mixemen Add on) 4 Research Case Mix Adjusted Routine Srives 4 Research Case Mix Adjusted Routine Srives 4 Research Case Mix Adjusted Routine Srives 4 Research Case Mix Adjusted Routine Srives 5 Research Case Mix Adjusted Routine Srives 5 Research Case Mix Adjusted Routine Srives 6 Research Case Mix Adjusted Routine Srives 7 S S S S S S S S S S S S S S S S S S S		Base Period Per Diem Allowed Amounts		:					:		1		
7 Cost Center Costs After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117.00	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$0
7 Cost Center Costs After Audit Adjustments	6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$576,443)	(\$241,794)	S0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
Total Nursing Facility Days GL-PL Ins. Rpt   As Flied Days = \$2,850   FY12 Audited CR Days   \$2,862	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587		\$43,818
9 Net Per Diems prior to Case Mix Adjistmt to Routine Sirves  Ln 7 / Ln 8 Col a  S132.00  S61.71  S0.00  S12.86  S14.74  (with L8H)  S25.78  S1.55  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S15.53  S14.53  S14.53  S15.53  S14.53  S15.53  S14.53  S14.53  S15.53  S14.53  S14.53  S14.53  S15.53  S14.53  S14.53  S15.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.53  S14.54  S12.86  S14.74  S12.86  S1	8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862	1					1	1		
Base Period Facility Case Mix Index for All Residents   from 4 qus of PY12   1,6593   S9.57   S0.00   S12.86   S14.74   S25.78   S1.55   S14.53   S9.57   S9.57   S9.00   S12.86   S14.74   S25.78   S1.55   S14.53   S9.57   S9.57   S9.00   S12.86   S14.74   S25.78   S1.55   S14.53   S9.57   S9.57   S9.00   S12.86   S14.74   S25.78   S1.55   S14.53   S9.57   S9.57   S9.00   S12.86   S14.74   S25.78   S1.55   S14.53   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9.57   S9		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days		i .		1			ı	50,021		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
12   Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   S39,57   S0,00   S12,86   S14,74   S25,78   S1,55   S14,53   S1   31   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   S71,51   S0,00   S18,81   S23,09   S20,56   S0,00   NIA   14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   S98,90   S39,57   S0,00   S12,86   S14,74   S25,78   S1,55   S14,53   S1   32,00   S12,86   S14,74   S20,05   S20,56   S0,00   NIA   32,00   S12,86   S14,74   S20,05   S1,55   S1,55   S14,53   S1   32,00   S12,86   S14,74   S20,05   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1,55   S1	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	1.5593				1		i i		
13 Per Diem Standards (After Statewide CMA for Routline Sizes) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N/A Base Period Case Mix Adjusted Allowed Per Diem \$20.56 \$1.55 \$1.79 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.	11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10	•	\$39.57		1						
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$98.90   \$39.57   \$0.00   \$12.86   \$14.74   \$20.56   \$1.55   8.79   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.55   \$1.50   \$1.55   \$1.55   \$1.50   \$1.55   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.50   \$1.5	12	· · · · · · · · · · · · · · · · · · ·	RS = En 11, AllOthr = En 9		\$39.57	\$0.00	\$12.86	\$14.74	:	\$25.78	\$1.55	\$14.53	\$0.83
Quarterly Per Diem Rate Prior to Add-ons   GRAV	1 1		•		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwinc %   \$16.12   \$7.27   \$0.00   \$2.36   \$2.71   \$0.00   \$3.78   N/A   N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79	\$0.83
15   Growth Allowance Percentage =   18.37%	1	Quarterly Per Diem Rate Prior to Add-ons					1		:	1	\$	(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Res = Ln 18, AllOthr = Ln 16 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Efficiency Add-on Amounts 27 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 28 Ln 19 Col b x Sting Add-on 29 (Fixed Amount) 20 Ln 19 Col b x Sting Add-on 20 St. 20 21 St. 20 22 St. 41 St. 20 23 St. 40 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 St. 60.09 27 St. 60.00 28 St. 50.00 29 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 21 St. 50.00 22 St. 50.41 23 St. 50.00 24 St. 50.00 25 St. 50.00 26 St. 50.00 27 St. 50.00 28 St. 50.00 29 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 21 St. 50.00 22 St. 50.41 23 St. 50.00 24 St. 50.00 25 St. 50.00 26 St. 50.00 27 St. 50.00 28 St. 50.00 29 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20 St. 50.00 20	1000		Ln 14 x Grwth Allwnc %	\$16.12	\$7.27	\$0.00	\$2.36	\$2.71	\$0.00	\$3.78	N/A	N/Δ	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.5086 18 Qrtrly Routine Strocs Case Mix Adjstd (CMA) Net Per Diem 1.16 x Ln 17 1.5086 19 Quarterly Medicaid CMA Allowed Per Diem 1.18 x Ln 18, AllOthr = Ln 16 1.518.84 1.518.84 1.55 1.55 1.55 1.55 1.55 1.55 1.55 1.5	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.02	\$46.84					1	1		\$0.83
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$138,84 \$70,66 \$0.00 \$15,22 \$17,45 \$0.00 \$24,34 \$1.55 \$8.79 \$300 \$15,22 \$17,45 \$0.00 \$24,34 \$1.55 \$8.79 \$300 \$15,22 \$17,45 \$0.00 \$15,22 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,45 \$17,4	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5086			*****	:		1	• • • • • • • • • • • • • • • • • • • •	40.00
Quarterly Per Diem Add-on Amounts   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact   Contact	18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$70.66					i			
20 Efficiency Add-on Per Diem ([Stnd - Alwed] x .75, 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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = Ln 16	\$138.84	\$70.66	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
20 Efficiency Add-on Per Diem ( Stind - Alwed] x .75, 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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Quarterly Per Diem Add-on Amounts		1			1			! !			
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	1	· ·	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$n_41	\$0.00	\$0.00	i .	\$0.00	
22       Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)       Ln 19 Col b x Sting Add-on S2.12 S2.12       \$2.12 S2.12         23       Nursing Home Provider Fee (Fixed Amount)       \$17.10 S17.10       \$17.10 S17.10         24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23 S22.15 S4.42 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$	21		Ln 19 Col b x CPS Add-on				-	ψυτι				Ψ0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10	22	<del></del>	Ln 19 Col b x Sting Add-on		:		1		:	;	!		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$22.15     \$4.42     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$160.99     \$75.08     \$0.00     \$15.44     \$17.86     \$0.00     \$41.44     \$1.55     \$8.79	23		(Fixed Amount)	•	<b>-</b>	:	1		:	\$17.10	ĺ		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$160.99 \$75.08 \$0.00 \$15.44 \$17.86 \$0.00 \$41.44 \$1.55 \$8.79 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.0	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$4.42	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.99	\$75.08	\$0.00	\$15.44	\$17.86	\$0.00	\$41.44	1		\$0.83
2D 1 QUARTERIA PER DIEM KARE FOR BEIG BOID AND LEAVE DAYS (Ln 25 - Ln 23)* 0.75 \$107.92	26 1	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.92	<del>i</del>				:	<u> </u>	<u></u>		L

	ovider: Riverside Health & Rheab of Thomaston vdr ID: 00140346A  Case Mix Per Diem Rate Effective Date:	8/14/2020	Qt	wth Allowance: rly BIMS score	Facility Score N/A 45.6%	Add-on Percent 18.37% 5.5%		Quarterly N	Overall CMI: Medicaid CMI:		Facility Specific 1.1990 1.4916	State- wide 1.3617 1.4961
Line #	MDS & Nurse Hrs Data per Quarter Ending:  Description	03/31/20 Nurse Hou  Sources / Calculations	rs per On-Site Day/Qu Totals	Routine Services	3.51 Special Services	4.0% Dietary	Laundry & Houskpng	Plant Operatns & Maint	Vght Options:  Admin and General	A&G- GL-PL Insurance	1.5171 Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,046.78	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092	FY12 Audited C/R Days	26,092									
_	Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 24,564	FY 18 GL-PL Ins Rpt Days							4	24,564	*	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 9 / Ln 10		<u>1.1990</u> \$61.44								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.44 \$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	φ0.01
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49	\$0.81
	·		ψ.00.02	Ψ	ψ0.00	ψ.σ.σσ	Ψ.0.02		Ψ20.00	ψ2.0 .	(FRV)	ψ0.01
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.57	\$11.29	\$0.00	\$3.04	\$3.46	\$0.00	\$3.78	N/A	N/A	N/A
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$21.57 \$152.09	\$72.73	\$0.00	\$3.04 \$19.60	\$22.28	\$0.00	\$3.78 \$24.34	\$2.84	\$9.49	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	φ132.09	1.5171	φυ.υυ	φ19.00	φ22.20	φυ.υυ	φ24.54	φ2.04	φ9.49	φ0.01
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.70	\$110.34	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.74	\$11.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.44	\$121.35	\$0.00	\$19.82	\$22.69	\$0.00	\$41.44	\$2.84	\$9.49	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.01							"		

		Facility	Add-on		Facility	State-
Provider: Riverside Healthcare Center	Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID: 00140324A	Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.4742	1.3699
Case Mix Per Diem Rate Effective Date: 08/14/	Qtrly BIMS score	37.5%	2.5%	Quarterly Medicaid CMI:	1.4542	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/3	Nurse Hours per On-Site Day/Quality Incentive:	3.23	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4792	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	ACE MIX DAGED DATE CALCULATIONS			-	-					3		
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	\$0.22	\$0.41		\$0.37			
_	Emoletoy Wedgare Waximamo (see iine 20 for actual)	(see I olicy Maridal)		ψυ.σσ	ψ0.00	Ψ0.22	ψυ.+1		ψυ.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.36	\$68.98	\$0.00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25.36	\$3.86	\$31.94	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16	\$1.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.22	\$8.60	\$0.00	\$2.48	\$2.83	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.71	\$55.39	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ130./1	1.4792	φυ.00	φ13.99	φ10.24	φυ.00	φε1.//	φυ.υυ	φυ.16	φ1.30
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$157.25	\$81.93	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
19	Quarterly Iniculcate Civia Allowed Fel Dietil	11 10,7110111 - 11 10	φ137.23	φυ1.93	φυ.υυ	φ15.99	φ10.24	φυ.00	φε1.//	φ3.00	φυ.16	φ1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.02	\$86.97	\$0.00	\$16.21	\$18.65	\$0.00	\$44.87	\$3.86	\$8.16	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.19			•				"		

Provider: Riverview Health & Rehab Ctr Prvdr ID: 00040741A H/B ?: No Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endir			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 21.6% 3.53	Add-on Percent 18.37% 1.0% 2.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: 3 Wght Options:		Facility Specific 1.2970 1.4367 1.4600	State- wide 1.3617 1.4961 1.5223
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	<u> </u>	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS    Cost Center Peer Groups per Selected Options   Type of Facility within Peer Group   Bed Size Range within Peer Group   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards Percentile   Peer Group Standards Multiplier   Efficiency Measures (Maximums)   Per Diem Costs and Add-ons   GL-PL- Insurance Costs   Total Nursing Facility Days GL-PL Ins. Rpt   Standard Per Diem (After CMA for Routine Srvcs)   Allowed @ 95% of Std   Growth Allowance   18.4%   CMA Allowed Per Diem (After Growth Alowance)   Quarterly Facility Case Mix Index for Medicaid Residents   Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpl FY2018 GL-PL ins. Rpl FY 2012 Peer Group Limit	\$156.48 \$23.31 \$183.31	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.4600 \$117.40	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$29.14 \$29.14 \$29.14 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Sn Nurse Staff Hrs / Quality Add-on Per Diem = 2.0 Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	171	\$220.30 \$1.17 \$2.35 \$17.10 \$20.62	\$117.40 \$1.17 \$2.35		\$20,70	\$25.97		\$23.12 17.10	\$3.52	\$29.14	\$0.45
Quarterly Case Mix Based Per Diem Rate		\$240.92	\$120.92		\$20.70	\$25.97		\$40.22	\$3.52	\$29.14	\$0,45
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.86	7_11,112			1			\$40.22	33.32	323.14	\$0,43

Provider: Roberta Health Care		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID: 00142777A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overali CMI:		1.4576	1.3617
Case Mix Per Diem Rate Effective Date:			irly BIMS score	45.7%	5.5%		Quarterly !	Medicaid CMI:		1.6733	1.4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.18	2.0%	Ortrly Meaid	CMI w RUG \	Nght Options:		1.7032	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	e	f	q	a d	h	i
CASE MIX BASED RATE CALCULATIONS	}						!		1		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	1			
Type of Facility within Peer Group	(dob' only manas)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	: [		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits					1						
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	ì		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	[		
4 : Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	. i		
Base Period Per Diem Allowed Amounts					1			!	:		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,401.77	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675.054	: \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0		\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8 Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286			: 1		1			*******	. 4-0,000
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days				1				29,995		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$113,18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576			•				¥70	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14		: .				:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlfir = Ln 9		\$34,14	\$0.00	\$11.08	\$14.39	!	\$16.33	\$0.98	\$19.75	\$0.89
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	and the second second	\$14.39	i .	\$16,33	\$0.98	6.87	\$0.89
Quarterly Per Diem Rate Prior to Add-ons	y .							:		(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$13.95	\$6.27	\$0.00	\$2.04	\$2,64	\$0.00	\$3.00	N/A	N/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$98.63	\$40.41	\$0.00		\$17.03		\$19.33	\$0.98	\$6.87	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Ctr End	Ψ30.05	1.7032	40.00	\$15.12	\$17.03	\$0.00	Φ19.33	40.90	\$6.07	\$0.89
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.83								:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$127.05	\$68.83	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
Quarterly Per Diem Add-on Amounts	í								,	43.07	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)		\$3,79	\$3.79	50.00	φυ.22	Ψυ.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.38	\$1.38		1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$1,30		: 1			04740	i		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	¢o oo	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$150.85	\$74.53	\$0.00		\$17.44	\$0.00	\$36.80	\$0.00	\$0.00	\$0.00
			417.00	30.00	910,04	317,44	30.00	<b>\$30.80</b>	\$6.98	\$6.87	\$0.89
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.31									

Provider:			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	***************************************			wth Allowance:		18.37%			d Overall CMI:		1.6517	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho	Q urs per On-Site Day/Q	trly BIMS score		2.5%			Medicaid CMI:		1.5871	1.4961
	MIDO & Nuise Fils Data per Quarter Enturing.	03/3 1/20 Naise Ho	uis pei Oil-site DayiQ	daily incentive:	3,92	3.0%	чклу мсаю	CMI w RUG \	wgnt Options:		1.6136	1.5223
				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operatos	and	Insurance	and	and
#	;	Calculations		·	÷	1	` =	& Maint	General	<u> </u>	Related	Insurance
CASE	MIX BASED RATE CALCULATIONS	<u> </u>	8	; <b>b</b>	C	đ	е	<u>;                                     </u>	g	9	h	i
	Center Peer Groups		•			,				:		
LOSI	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	-	1 All Facilities	: 1 : All Facilities	1 All Facilities	:		
ļ	Bod Size Range within Peer Group	•	i	All Bod Sizes	,	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Poor	Group Standards & Efficiency Measure Limits	!	:			7	TIM GOO ENESS	500 0.200	7.11 000 0.200	i		
	er Group Standards: & Emiciency Measure Limits	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	i	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	I	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i		
Base	Period Per Diem Allowed Amounts				1			:	<b>.</b>			
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907,40	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$241,133)		\$0	\$0	(\$9,128)				(\$190,364)	\$125,196
i	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442		\$1,263,591	\$128,540	\$1,655,527	\$125,196
8 T	otal Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294				42.0,	4070,110		0.20,040	ψ1,033,321	\$120,150
Т Т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days			1	1		:		33,390		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3.65
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517	1						•	
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70	i.	1		:		1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24	:	\$36.85	\$3.85	\$48.27	\$3.65
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	•
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24	:	\$20.56	\$3.85	14.00	\$3.65
Ouad	terly Per Diem Rate Prior to Add-ons	I	1	:	:				! }		(FRV)	
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.83	: : \$8.95	\$0.00	\$2.75	\$3.35	\$0.00	\$3,78	N//A		****
	A Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$142.81	\$57.65	\$0.00	1	\$3.35 \$21.59		\$3.78	N/A \$3.85	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. \$142.01	1.6136	. \$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.02	:	1			:	-		
i	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.18	\$93.02	\$0.00	\$17,73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
Ound	terly Per Diem Add-on Amounts		!				•	:			4155	40.00
	ciency Add-on Per Diem ([Strid - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	du co	\$0.00	50.00	60.44			:		
i	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.33	\$0.53 \$2.33	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1 :	\$0.00	
1	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.79	\$2.33 \$2.79	:	1 ;		:		;		
- 1	sing Home Provider Fee	(Fixed Amount)	\$17.10	32.19	:	1		:	\$17.10	ì		
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	#C ^/
· · · · · · · · · · · · · · · · · · ·	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.56	\$98.67	\$0.00	-	\$22.00	\$0.00	\$41.44	\$3.85	\$0.00	\$0.00 \$3.65
	*	(I - OF I - OO) t O 75	ļ			<u> </u>	722.00	+00	. 471.77	20.00	\$14.00	\$3.00
∡o uuan	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.35									

#### FINAL

Pr	ovider: Rockmart Health vdr (D: 003182988A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 30.6% 3.78	Add-on Percent 18.37% 2.5% 2.0%		Quarter	(CMI) Data iod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.7101 1.7413	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	TO ANY DADGE GATE GAT ANY ATIONS		<u>a</u>	b	<u>c</u>	<u>d</u>	e	f	<u> </u>		<u>h</u>	<u> </u>
<u> </u>	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37%	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$144.41 \$22.08	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$11.82	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$3.04	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$3.82	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$3.40	\$23,590.00 14,490	\$24.20 \$24.20	\$0.00
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem		\$152.47	\$76.18 <u>1.7413</u> \$132.66		\$19.61	\$24.60		\$21.90	\$ 1.63	8,55 (FRV Rate)	\$0.00
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$208.95 \$3.32 \$2.65 \$17.10 \$23.07	\$132.66 \$3.32 \$2.65		\$19.61	\$24.60		\$21.90 17.1	\$1.63	\$8.55	\$0.00
	Quarterly Case Mix Based Per Diem Rate	4404 40 1	\$232.02	\$138.63		\$19.61	\$24.60		\$39.00	\$1.63	\$8.55	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%	\$161.19	<u> </u>		L	<u> </u>			<u> </u>			

Provide Prvdr I			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	•	Facility Specific 1,6744	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		ldy BIMS score	28.9%	1.0%	Ortrly Moaid		Medicaid CMI:		1.5771 1.6047	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	c	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS				:	:			:	(		i
1 Co.	st Center Peer Groups Type of Facility within Peer Group Bod Sizo Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
	er Group Standards & Efficiency Measure Limits		:									
3   P	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	:	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			•
Bas	se Period Per Diem Allowed Amounts		1	:				:				
	us Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,288,641,96	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$389,506)		\$0	\$0	\$0	\$1,892	(\$391,398)		(\$38,357)	
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	\$515.153	\$185,219	\$293,973	\$839,553	\$2,885	\$221,073	\$38,35
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077		i			, ,,			4000	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days	:			1				33,075		:
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.6744		1			:	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$49.12	:	1				1		
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1,1
	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i	\$20.56	\$0.00	N/A	
14 B	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06	! !	\$20,56	\$0.09	14.64	\$1.1
Qu	arterly Per Diem Rate Prior to Add-ons					1		:			(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.02	\$0.00	\$2.78	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.88	\$58.14	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.6047	I			:		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$93.30		1			:	1		1
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.04	\$93.30	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.1
Qu	arterly Per Diem Add-on Amounts					1			:			:
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
,	SIMS Add-on Per Diem = 1.0% (to Routine Sivs)	En 19 Col b x CPS Add-on	\$0.93	\$0.93		1			:			
	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cot b x Sting Add-on	\$2.80	\$2.80				:				
1	lursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17,10	i		
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.03	\$97.56	\$0.00	\$18.12	\$17.05	\$0.00	\$41.44	\$0.09	\$14.64	\$1.13
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129,70						***************************************	·		

Provider: Rose City Health and Rehab Ctr		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID: 00083311A			wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.5200	1.3617
Case Mix Per Diem Rate Effective Date:			trly BIMS score	45.5%	5.5%			Medicaid CMI:		1.7520	1.4961
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Qu	uality Incentive:	2.85	2.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.7842	1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	ď	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS							:	!			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1		1	:		
Type of Facility within Peer Group	(add / dilloj ilizitati)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1 :		
Bed Size Range within Peer Group	·		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	: :										
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,126,173.60	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	1	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8 Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503			1	*			-	4,20,02,	<b>421,000</b>
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL ins Rpt Days				1		1	1	23,180		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.11	\$69.49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1,19
10 Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.5200					1	1	*2.00	4
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$45.72		1		:	1	i :		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13 Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	41.13
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63	:	\$20.56	\$0.11	10.14	\$1.19
Quarterly Per Diem Rate Prior to Add-ons								1		(FRV)	\$1.70
15 Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$17.48	\$8.40	\$0.00	\$2.98	\$2.32	\$0.00	\$3.78	21/2		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.04	\$54.12	\$0.00	\$19.19	\$2.32 \$14.95	\$0.00			N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$124.04	1.7842	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
18 Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.56				:	1	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.48	\$96.56	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
Quarterly Per Diem Add-on Amounts					2.00	Ψ1-1.00		, <del></del>	Ψυ.ΤΤ	\$10.14	J1.19
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.40	60.50	60.00					1 1		
,	Ln 19 Cot b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
. ·		\$5.31	\$5.31					1			
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$1.93	\$1.93		1		:		1		
	(Fixed Amount)	\$17.10						\$17.10	and the second second		
	Sum of Lns 20 thru 23	\$25.50	\$7.77	\$0.00	····	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.98	\$104.33	\$0.00	\$19.41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	\$1.19
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.16									

	rovider: Roselane Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FI	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 25.5%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.5874 1.6768	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.69	3.0%	Ortrly Meaid	CMI w RUG			1.7064	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1		а	b	С	d	е	f	g	g	h	, i
С	ASE MIX BASED RATE CALCULATIONS			:		:			:			
1	Cost Center Peer Groups	(see Policy Manual)	•	1	1	2	1	1	1	1		
•	Type of Facility within Peer Group	(see Folicy Manual)	:	. All Facilities	All Facilities		1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
	Peer Group Standards & Efficiency Measure Limits			!					1			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i i		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	t		
	Base Period Per Diem Allowed Amounts	•						·				
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,250.74	\$4,527,903	50	\$783,412	\$278,374	\$481.065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,774)		50	1 1	\$0	\$407,000	(\$100,936)	1	(\$105,761)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	1	\$278,374	1	\$1.095.630	\$3,214	\$486,956	
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393		**		42.0,0.	<b>4</b> 10 1,000	, 41,000,000	Ψ0,2.14	Ψ100 <sub>1</sub> 000 .	4100,10
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days				i			!	44,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8Cola	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.5874			******				<b>\$10.70</b>	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04					1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	( )	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80	\$2.33
	Constants Bar Diago Bata Britanta Add ann	•	•			:					(FRV)	:
15	Quarterly Per Diem Rate Prior to Add-ons   Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.60	644.50	<b>#0.00</b>	60.47	#0.07					
16		Ln 14 + Ln 15	\$21.60 \$156.39	\$11.58 \$74.62	\$0.00 \$0.00		\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
17		per Current Otr End	\$150.59	574.62 1.7064	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$127.33					:			
19		RS = Ln 18, AllOthr = Ln 16	\$209.10	\$127.33	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.3
			. 0205.10	Ψ127.55	φυ.υυ	320.43	φ19.00	\$0.00	Φ24.34	\$0.07	\$14.60	\$2.30
	Quarterly Per Diem Add-on Amounts			í		1		!				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x. 75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27		1						
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				_		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.62	\$0.00	<del></del>	\$0.41	\$0.00	\$17,10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.45	\$132.95	\$0.00	\$20.65	\$20.21	\$0.00	\$41.44	\$0.07	\$14.80	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.51							1		

Pro	ovider: Rosemont at Stone Mountain		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prv	rdr ID: 00587331A	_	Gro	wth Allowance:	N/A	18.37%			Overali CMI:		1,2404	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020	a	trly BIMS score	50.9%	5.5%			Medicaid CMI:		1.6648	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hours	s per On-Site Day/Q	uality Incentive:	3.45	2.0%	Ortrly Meaid	CMI w RUG Y	Wght Options:		1.6957	1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
- ;			а	b	C	d	e	f	a	a	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				İ
	Type of Facility within Peer Group	(cost only manage		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			í
:	Bed Size Range within Peer Group	1		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
- :	Peer Group Standards & Efficiency Measure Limits							)		3		i
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%	İ		
3 :	Peer Group Standards: Multiplier	(see Policy Manual)	!	100.0%	100.0%	100.0%	100.0%	1	105.0%	1		!
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			(
	Base Period Per Diem Allowed Amounts					:		1				[
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612.00	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjetmts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)	1 1	(\$128,317)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762		\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566	·				1			7	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rp1 Days				:		1		49,615		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132,52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404					•	1		
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57		:		:				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38	!	\$17.33	\$3.28	\$5.84	\$2.65
13 ‡	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06	\$2.65
: :	Quarterly Per Diem Rate Prior to Add-ons		1			!			1	:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.64	\$10.58	\$0.00	\$2.69	\$3.19	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144,54	\$68,15	\$0.00	\$17,32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6957		1 1	•		1		4,2.30	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.56				:	1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.95	\$115.56	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
. }	Quarterly Per Diem Add-on Amounts					:		•				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	:
21	BIMS Add-on Per Diem = 5.5% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36		:	-2		42.07	1	\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.31	\$2.31		1			:	1		]
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1 :			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.25	\$124.76	\$0.00	\$17.54	\$20.98	\$0.00	\$37.98	\$3.28	\$12.06	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151,61			<u> </u>		·	<b></b>	<u>:</u>		

Provide			Add-on Data and	7773	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr I	D: 00142942A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: htty BIMS score uality Incentive:	N/A 38.1% 4.19	18.37% 2.5% 3.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI: Vght Options:		1.2961 1.4344 1.4550	1.3617 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	<u> </u>
CASE	E MIX BASED RATE CALCULATIONS							1		;		1
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	2	1	,	1			
: : :	Type of Facility within Peer Group	(acc reality manual)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bod Sizes		All Bod Sizes			'
Pe	er Group Standards & Efficiency Measure Limits			!		1		1				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i i	50.0%			i
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	!		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	!		
Ba	se Period Per Diem Allowed Amounts					1		!	:			í
5 A	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989.00	\$2,812,004	\$0	\$651,994	\$351,015	\$344.862	\$738,325	\$64,497	\$312,292	: \$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	\$0		\$26,924	(\$16,281)			(\$56,986)	
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0		\$377,939	\$328,581		\$64,497	\$255,306	\$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995			1	*	1			4200,000	
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days						)		30,584		:
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21,41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961		: :					•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41	1	\$17.31	\$2.11	\$7.74	\$2.13
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i	\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2,11	12.62	\$2.13
<b>.</b>	ortoriu Bor Diam Bata Brigata Add and					1				1	(FRV)	
	arterly Per Diem Rate Prior to Add-ons  Frowth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	£00 E7	640.00	60.00	***	<b>20.00</b>		****			
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$22.57 \$162.31	\$12.08 \$77.83	\$0.00 \$0.00		\$3.93	\$0.00	\$3.18	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102,31	1.4550	φυ.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.24		1						
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.72	\$113.24	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	
			V137.72	Ψ113.24	\$0.00	921.19	\$20.34	30,00	\$20.49	\$2.13	\$12.62	\$2.13
	arterly Per Diem Add-on Amounts					<b>:</b>						
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	1	\$0.00	:
. (	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83				l .	· ·			
	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40		1		1				i i
	lursing Home Provider Fee	(Fixed Amount)	\$17.10		_	1			\$17.10	!		}
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.36	\$120.00	\$0.00	\$21.79	\$25.75	\$0.00	\$37.96	\$2.11	\$12.62	\$2.13
26 <b>Q</b> u	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.95							<del>)</del>		<del></del>

	rovider: Roswell Nursing & Rehab Ctr rvdr ID: 00141248A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per	Qtr	th Allowance: ly BIMS score	Score N/A 48.3% 3.48	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6341 1.6644 1.6953	State- wide 1.4014 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
_	ACT MIX DAGED DATE ON OUR ATTOMO		a	b	С	d	е	f	g		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)		4-11.00	(\$77,460)	\$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081	1 to 10 20 20 20 20 20 20 20 20 20 20 20 20 20	0.50.000	333000000000000000000000000000000000000			02.010.00.76,700.000			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341						15		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FRV)	\$2.13
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$24.22	\$13.47	<b>60.00</b>	60.04	\$0.00	<b>*</b> 0.00	0.44			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.92	\$86.78	\$0.00 \$0.00	00000000000	\$3.33	\$0.00	\$4.41	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$107.52	1.6953	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.26	\$147.12	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.09	\$8.09							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.76	\$11.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.02	\$158.15	\$0.00	\$19.60	\$21.86	\$0.00	\$45.53	\$0.31	\$9.44	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.94									

#### FINAL

Pr	ovider. Sadte G. Mays Health & Rehab Center vdr ID: 00141842A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/2</b> 0 03/31/20 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive;	Facility Score N/A 44.3% 3.15	Add-on Percent 18.37% 2.5% 5.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.3125 1.3426 1.3641	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & . Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
CAS	SE MIX BASED RATE CALCULATIONS		i a l	<u>b</u>	C C	<u>d</u>	<u>e</u>	<u> </u>	9		<u> </u>	<u> </u>
	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	FY2018 GL-PL Ins. Rpt		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90,0% 100.0% \$0,00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes  85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37	\$188,573,00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt					and the second			65,261		
	Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 90% of Std  Growth Allowance 18.37%  CMA Allowed Per Diem (After Growth Alowance)  Quarterly Facility Case Mix Index for Medicaid Residents  Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Limit	\$144.95 \$22.08 \$156.56	\$71.51 \$64.36 \$11.82 \$76.18 <u>1.3641</u> \$103.92		\$18.41 \$16.57 \$3.04 \$19.61	\$23.09 \$20.78 \$3.82 \$24.60		\$20.56 \$18.50 \$3.40 \$21.90	•	\$24.20 \$24.20 10.84 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$184.30 \$2.60 \$5.20 \$0.00 \$7.79	\$103.92 \$2.60 \$5.20		\$19.61	\$24.60		\$21.90 a	\$2.89	\$10.84	\$0.54
	Quarterly Case Mix Based Per Diem Rate	0.11.53	\$192.09	\$111.72		\$19.61	\$24.60		\$21.90	\$2,89	\$10.84	\$0.54
Ll	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 76%	\$144.07	Ll			<u> </u>	<u> </u>		1			L

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
Prvdr ID;		-1		owth Allowance:	N/A	18.37%			d Overall CMI:		1.1996	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		u rs per On-Site Day/Q	Urly BIMS score luality Incentive:	54.3% 3.27	5.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.3839 1.4086	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	- b	С	d	e	f	g	, a	h	insurance
CASE	MIX BASED RATE CALCULATIONS					-			9	9		
	Center Peer Groups	(see Policy Manual)			1	2	1	1	1	. !		
	Type of Facility within Peer Group	· (See Folia) martially		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes				
Peer	Group Standards & Efficiency Measure Limits	•				1			:			
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Pee	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
4 Effi	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts			:				1		1		
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375.41	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6 Auc	dit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit AdjsImIs	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)	1	\$17,932	\$12,103
7 : Cos	st Center Costs After Audit Adjustments	FY12 Audiled C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818		\$35,457	\$317,894	\$12,103
8 1	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427		!	1 1		' '		: 1	4	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days							1	15,582		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$145.63	\$73.60	\$0.00	\$15,10	\$16.76	(with L&H)	\$17,80	\$2.28	\$19.35	\$0.74
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996		1						
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61,35	:					:		•
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2,28	\$19.35	\$0.74
13 Per	r Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49	\$0.74
Quar	terly Per Diem Rate Prior to Add-ons								1		(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00	\$3,27	N/A	N/A	N/A
16 CM	tA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.91	\$72.62	\$0.00		\$19.84			\$2.28	\$9.49	\$0.74
17 (	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1,4086	;		*				40.45	. 40.11
18 (	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.29		<u> </u>			-			
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$173.58	\$102.29	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
Quar	terly Per Diem Add-on Amounts			:				1	1			
	ciency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	÷
	AS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63	!	1	447.7	75.00	-	1	\$3.00	!
22 Nur	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05	\$ •	<u> </u>			:	:		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1 .			\$17.10	1		:
24 Tot	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + โก 24	\$199.89	\$110.50	\$0.00	\$18.09	\$20.25	\$0.00	İ		\$9.49	
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$137.09	-	· · · · · · · · · · · · · · · · · · ·	·/		L		·		!

Provider: Scott Health & Rehabilitation Pryor ID: 00141644A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
: Prvdr iD: UU141644A Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: Iny BIMS score	N/A 34,8%	18.37% 2.5%			l Overall CMI: dedicaid CMI:		1.3422	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.47	3.0%	Ortrly Moaid	CMI w RUG V			1.4840 1.5097	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· -	<u> </u>	а	ь	C	d	е	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS									-		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
Type of Facility within Peer Group	(see Folloy waituary		All Facilities	all Facilities	Free Standing	T All Facilities	All Facilities	: 7 : All Facilities	<u> </u>		
Bed Size Range within Peer Group	[		All Bed Sizes		All Bed Sizes	All Bed Sizes	1	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits							i				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	Ì	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%	j		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	!	\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
Base Period Per Diem Allowed Amounts	1				1		!				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423.26	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)	'	(\$12,364)	\$13,189
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8 Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289					,			•	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days								19,880		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422		1						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33				Į.				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91	:	\$19.34	\$3.44	9.43	\$0.68
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$19.82	\$10.16	\$0.00	\$2.82	\$3.29	\$0.00	\$3.55	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.28	\$65.49	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Q147.20	1.5097	Ψ0.00	1 910.13	\$2.1.20	. 40.00	344.03	\$3.44	\$9,43	\$0.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17	:	\$98.87		1						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.66	\$98.87	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3,44	\$9.43	\$0.68
Quarterly Per Diem Add-on Amounts		:			1 7 7 :					43.40	45.00
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	£0.00	60.00	60.11	#0.00		!		
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.47 \$2.97	\$2.47 \$2.97		:		:		:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b>Д</b> 2.97		1		:	647.40			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,07	\$5.97	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.47	\$0.00	go oo	60.00
25 Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$198.73	\$104.84	\$0.00	\$18.37	\$21.61	\$0.00	\$40.36	\$3.44	\$0.00 \$9.43	\$0.00
	<u> </u>		<b>₹104.04</b>	\$0.00	310.37	10.136	\$0.00	\$40.36	\$5.44	\$9.43	\$0.68
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.22									

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	a Mix Index (C			Facility Specific	State- wide
FIVOI ID.	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: Irly BIMS score pality Incentive:	N/A 34.4% 4.30	18.37% 2.5% 3.0%	Ontrly Meaid		l Overall CMI: Medicaid CMI; Vght Options:		1.2990 1.4373 1.4601	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	b	С	d	е	f	g	9	h	ì
CASE	MIX BASED RATE CALCULATIONS					1				, ,		
1 Cost	t Center Peer Groups	(see Policy Manual)	}	1	1	2	1	1				
	Type of Facility within Peer Group	(dad i dila) (ilanasi)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		i
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits	•	•			i :						
	er Group Standards: Percentile	(see Policy Manual)	·	90.0%	90.0%	90.0%	85.0%		50.0%			1
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i :		
4 : Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			I
Base	Period Per Diem Allowed Amounts		:	:		:			٠.	1		
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947.00	\$2,128,930	\$0	\$451,303	\$260.678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	so	(\$105)	(\$105)			(\$25,030)	
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8 '	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225	, ,	•	1	*		<b>V</b>	555,512	4051,110	. 42-,500
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days				1				27,219		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990			•				4,0.,,	40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07						i ·		
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15,99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
13 + Per	r Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88	\$0.88
0	rterly Per Diem Rate Prior to Add-ons					1					(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.23	640.67	<b>#</b> 0.00	00.04	<b>40.07</b>					
	MA Allowed Per Diem (After Growth Allowance Add-on)	Lл 14 + Ln 15	\$20.23	\$10.67 \$68.74	\$0.00 \$0.00	\$2.94 \$18.93	\$3.37 \$21.69	\$0.00	\$3.25		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3143.21	1.4601	\$0.00	\$10.93	\$21.09	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	!	\$100.37						;		!
	arterly Medicaid CMA Allowed Per Diem	RS = En 18. AllOthr = Ln 16	\$174.84	\$100.37	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	: \$0.88
1	•		311-1.04	\$100.37	\$0.00	: \$10.55	\$21.05	\$0.00	\$20.94	\$2.15	\$9.88	\$0.08
	rterly Per Diem Add-on Amounts	· ·				: :				1		
	iciency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51				}		1		
1 1	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01		i i				: :		I
	rsing Home Provider Fee	(Fixed Amount)	\$17.10	_		1		•	\$17.10	į		
-	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.99	\$106.42	\$0.00	\$19.15	\$22.10	\$0.00	\$38.41	\$2.15	\$9.88	\$0.88
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.42			+		(	l	·		1

	rovider: Seminole Manor Nursing Home		Add-on Data and F	Percentages wth Allowance:	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ldy BIMS score	30.2% 4.18	18.37% 2.5% 3.0%	Qrtrly Meaid		i Overall CMI; Medicaid CMI; Waht Options:		1.2760 1.1429 1.1573	1.3617 1.4961 1.5223
Lîne	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	ь	С	d	е	f	g	9	h	i
: 0	ASE MIX BASED RATE CALCULATIONS	:										
	Cost Center Peer Groups	fore Date Att. ()		1					1	I :		
:	Type of Facility within Peer Group	(see Policy Manual)		7 All Facilities	All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	I		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	;		
:	Peer Group Standards & Efficiency Measure Limits					!	·	:	:	)		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i .		
:	Base Period Per Diem Allowed Amounts	I			:	. :						
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	;   As Filed FY12 C/R -FY 2018 GI	-PL Rpt \$4,031,689.00	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	£404.000	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmt	4 1,001,000.00	(\$2,651)	\$0	\$021,300					\$181,800	\$0
: 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0 \$0	\$821,360 t	(\$6,540)				(\$15,449)	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days		\$1,005,174	\$0	\$021,300 }	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL ins Rpt Day	,,,,,,			1		į		04.000		
9	Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.99	\$84,98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23,10	21,033	<b>#7.50</b>	***
10	· · · · · · · · · · · · · · · · · · ·	from 4 gtrs of FY12	3100.99	1.2760	\$0.00	\$37.46	\$27.04	(WRITLEST)	\$23.10	\$0.27	\$7.59	\$0.55
11	V	Ln 9 / Ln 10		\$66,60		( )		į.		į :		i
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln	9	\$66,60	\$0.00	\$37.46	\$27.04	:	\$23.10	\$0.27	67.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	\$7.59 N/A	\$0.55
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29,15	\$23.09	\$ :	\$20.56	\$0.00	9.04	\$0.55
			<b>41</b> 13,20	400.00	Ψ0.00	Ψ23.13	Ψ23.03		\$20.00	30.27	9.04 (FRV)	\$0.55
	Quarterly Per Diem Rate Prior to Add-ons		1			1			:	1	15.117	
15		Ln 14 x Grwth Allwing %	VE0100	\$12.23	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$174.86	\$78.83	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
17		per Current Qtr End		<u>1.1573</u>	;	1			Ì			
18	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17	1	\$91.23		: :			1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln	16 \$187.26	\$91.23	\$0.00	\$34.50	\$27,33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
	Quarterly Per Diem Add-on Amounts	•				1			:			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-o		\$2.28		1	\$5.00	\$0.00	. 40.00		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-c	72120	\$2.74		1			:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	φ		1		i	\$17,10	: .		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,65	\$5.55	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.91	\$96.78	\$0.00	\$34.50	\$27,33	\$0.00	\$41.44	\$0.00	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.61			1		1	:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$3.04	40.00
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	(En 20 - En 20) 0.75	\$144.61									

	rovider: Senior Care CtrBrunswick		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
. P	rvdr ID: 000830827B  Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 23.5%	18.37% 1.0%			d Overali CMI: Medicaid CMI:		1,2904 1,4376	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.49	3.0%	Ortrly Meaid		Wght Options:		1.4624	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS									1		
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	. 1			
	Type of Facility within Peer Group	tage i oney manuary		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	;		
:	Peer Group Standards & Efficiency Measure Limits					1		:		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	<i>!</i>	\$0.37			
	Base Period Per Diem Allowed Amounts			!		1				1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309.00	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)	1	\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206		\$2,295,688	1	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342			!		:	:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904				j.	1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30						!		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43	; ;	\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43	į.	\$20.56	\$3.80	16.57	\$2.3
	Quarterly Per Diem Rate Prior to Add-ons					1			:	1	(FRV)	
15		Ln 14 x Grwth Alfwnc %	\$24.36	\$13.14	\$0.00	\$3.32	\$4,12	\$0.00	\$3.78	N/A	N/A	AUA
16		Ln 14 + Ln 15	\$179.59	\$84.65	\$0.00		\$26.55	\$0.00		\$3.80	\$16.57	N/A \$2.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	4110.00	1.4624		32	Ψ20.55	φ0.00	\$24.54	33.00	\$10.57	\$2,3
18	,	Ln 16 x Ln 17		\$123.79					:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AtlOthr = Ln 16	\$218.73	\$123.79	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.3
	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		\$0.44	60.00	20.00		***	
21		En 19 Col b x CPS Add-on	\$1,24	\$1.24	. au.uu	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.71	\$3.71		1		:				
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	95.71					\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5,58	\$4,95	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.31	\$128.74	\$0.00	<del>†</del>	\$26.96	\$0.00	\$24.34	\$3.80	\$16.57	\$2.3
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.23							40.50	Ţ.J.J.	VE31
20	Administry to the profession and the same days	(En 25 - CH 25) 0.75	\$168.23									

Case Mix Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter E  Line  Description  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments  Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788  Net Per Diems prior to Case Mix Adjistnt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistnt to Routine Srvcs  Net Per Diems after Case Mix Adjistnt to Routine Srvcs  Ret Per Diems after Case Mix Adjistnt to Routine Srvcs  Per Diem Standards (After Statewide CMA for Routine Srvcs)  He Base Period Case Mix Adjusted Allowed Per Diem			wth Allowance: rly BIMS score ality Incentive:  Routine Services b  1 All Facilities		18.37% 1.0% 3.0% Dietary	Ortrly Mcaid Laundry & Houskpag e		Admin and General		1.2093 1.3425 1.3645 Property and Related	1.3617 1.4961 1.5223 Taxes and
# Description  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile  Peer Group Standards: Multiplier  Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788  Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents  Routine Srvcs Case Mix Adjistmt to Routine Srvcs  Net Per Diems after Case Mix Adjistmt to Routine Srvcs  Per Diems Standards (After Statewide CMA for Routine Srvcs)	Calculations  (see Policy Manual)  (see Policy Manual)		Services b	Services		Houskpng	Operatos & Maint	and General	1,	and	
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 Net Per Diems prior to Case Mix Adjistnt to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistnt (CMA) Net Per Diem Net Per Diems after Case Mix Adjistnt to Routine Srvcs Per Diems Standards (After Statewide CMA for Routine Srvcs)	(see Policy Manual)	a	1	, C	d	e	f			riciateo .	Insurance
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjstmt to Routine Srvcs Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA) for Routine Srvcs)	(see Policy Manual)	:	•	:			T	g	g	h,	, i
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjistmt to Routine Srvcs 12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	(see Policy Manual)	:	•							•	
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: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistmt to Routine Srvcs Net Per Diems after Case Mix Adjistmt to Routine Srvcs Per Diems Standards (After Statewide CMA for Routine Srvcs)	(see Policy Manual)	: :	•	. 1	2	1	1	1		:	
Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile  Peer Group Standards: Multiplier  Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days As Filed Days = 21,647  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs  Per Diem Standards (After Statewide CMA for Routine Srvcs)	· · · · · · · · · · · · · · · · · · ·	;			Free Standing	All Facilities	1 All Facilities	All Facilities			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	· · · · · · · · · · · · · · · · · · ·		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	· · · · · · · · · · · · · · · · · · ·	;		1	:				!		
Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvos Combined)  Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 21,647  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 23,788  Net Per Diems prior to Case Mix Adjstmt to Routine Srvos  Base Period Facility Case Mix Index for All Residents  Routine Srvos Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvos  Per Diem Standards (After Statewide CMA for Routine Srvos)	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)  6 Audit Adjustments and Reallocations to Cost Center Costs  7 Cost Center Costs After Audit Adjustments  8 Total Nursing Facility Days As Filed Days = 21,647  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788  9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  10 Base Period Facility Case Mix Index for All Residents  11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs  13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	, , , , , , , , , , , , , , , , , , , ,	!	100.0%	100.0%	100.0%	100.0%		105.0%		:	
As Filed Cost Center Costs (Routine & Special Srvos Combined)     Audit Adjustments and Reallocations to Cost Center Costs     Cost Center Costs After Audit Adjustments     Total Nursing Facility Days	(see Policy Manual)	I	<i>\$0.5</i> 3	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)											
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,547 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594.00	\$2,116,099	: \$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	: so
8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	SO	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788  9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  10 Base Period Facility <u>Case Mix Index for All Residents</u> 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs  13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343		\$142,371	\$25,409
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	FY12 Audited C/R Days	21,647		1						*******	
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	FY 18 GL-PL Ins Rpt Days			1					23,788	1	į
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 7 / Ln 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5.11	\$6.58	\$1.17
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	from 4 qtrs of FY12		1.2093	-	1				i		
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 9 / Ln 10	;	\$82.41	!						-	
	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Lesser of Ln 12 or Ln 13	\$149,76	\$71.51	\$0.00	\$17.91	\$23.09		\$20.56	\$5.11	10.41	\$1.17
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24,45	\$13.14	\$0.00	\$3.29	\$4.24	\$0.00	\$3,78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.21	\$84.65	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	,	\$10,41	\$1.17
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	<b>411</b> 1.21	1.3645			Ψ27.00	00.00	Ψ24.04	93.11	\$10,41	φι.17
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$115.50		1				1		:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.06	\$115.50		\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
Overdeels Dee Diese Add on America		i								4.0.71	
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	40.00			to					
21 BIMS Add-on Per Diem = 1,0% (to Routine		\$0.22 \$1.16	\$0.00		\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	:
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$1.16	\$1.16 \$3.47								
23 Nursing Home Provider Fee	(Fixed Amount)	\$3.47 \$17,10	φ3.47	1				61740			:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,95	\$4.63	: \$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10		\$0.00	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.01	\$120.13	\$0.00	\$21,42	\$27.33	\$0.00	\$41.44	+		\$0.00
<u> </u>	:		\$120.13	30.00	\$41.42	\$21.33	\$0.00	\$41.44	\$5.11	\$10.41	\$1.17
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.43									

Prvdr ID:		-	Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	00040763A		Gro	wth Allowance:	N/A	18.37%	"	Base Period	d Overali CMI:	•	1.5246	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score	33.0%	2.5%			Medicaid CMI;		1,5640	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hour	s per On-Site Day/Q	uality Incentive:	3.06	2.0%	Ortrly Moaid	CMI w RUG I	Wght Options:		1.5933	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	i 9	h	i
CASE MI	X BASED RATE CALCULATIONS									:		
1 Cost Ce	nter Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
, in	ype of Facility within Peer Group	(SSS 1 SHOY INDIVIDIALITY	:	All Facilities	•		All Facilities	All Facilities	All Facilities	: [		
В	ed Size Range within Peer Group					All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
Peer Gri	oup Standards & Efficiency Measure Limits					1				:		
2 Peer G	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Group Standards: Multiplier	(see Policy Manual)	ĺ	100.0%	100.0%	100.0%	100.0%		105.0%	;		
4 Efficier	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)	ĺ	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Pe	riod Per Diem Allowed Amounts	:				:			:			
5 As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$11,767,994.70	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	
6 Audit A	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	
7 Cost C	Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321		\$0	\$915,393	\$439,091	\$634,894		\$435,581	\$1,151,077	\$239,332
8 Tota	al Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878				4 /02,00		- 42,50£,100		Ψ1,131,077	92.05,002
Tota	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days						:		48,002		
9 Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204,17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10 Base	e Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5246			• 10.01			\$3.07	\$20.50	φ4.50
11 Rout	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$63.05				:		:		
12 Net Pe	r Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57	:	\$37.39	\$9.07	\$20.98	\$4.36
13 Per Die	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	:	\$20.56	\$0.00	N/A	<b>\$1.50</b>
14 Base P	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20,56	\$9.07	10.13	\$4.36
Ouarted	y Per Diem Rate Prior to Add-ons	:	:			1	•				(FRV)	<b>5</b> 4,50
	n Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$22.02	\$11,58				i	!			
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165,44	\$74.63	\$0.00		\$3.60	\$0.00	\$3.78	N/A	N/A	N/A
	rterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$105,44	• · · ·	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
4	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5933					-			
1 1 1	rly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$209.72	\$118.91 \$118.91	\$0.00	\$19.74	\$23.17	£0.00				
			4203.72	\$110.51	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
	y Per Diem Add-on Amounts			1					1			
	ncy Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	:	\$0.00	
	Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97		. :				1		
	Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38		1					-	
	g Home Provider Fee	(Fixed Amount)	\$17.10			1 1			\$17.10			
<del></del>	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly	y Case Mix Based Per Dlem Rate	₹п 19 + Ln 24	\$233.33	\$124.79	\$0.00	\$19.96	\$23.58	\$0.00	\$41.44	\$9.07	\$10.13	\$4.36
26 Quarterl	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.17				V	•	*********	·		

1	ovider: Signature HC - Marietta vdr ID: 00142986A Case Mix Per Diem Rate Effective Date:		Q	wth Allowance: trly BIMS score	Facility Score N/A 22.0%	Add-on Percent 18.37% 1.0%	- 1000	Quarterly I	d Overall CMI Medicaid CMI		Facility Specific 1.4557 1.7686	State- wide 1.3617 1,4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.46	3.0%	Ortrly Meaid	CMI w RUG 1	Wght Options	:	1.8025	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1		· · · · · · · · · · · · · · · · · · ·	а	b	С	ď	е	f	9	9	h	í
C	ASE MIX BASED RATE CALCULATIONS									1		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	· ·										
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029.22	\$5,062,882	\$0	\$1,030,053	\$499,746	\$408 716	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$616,125)	\$62,898	\$0		(\$1,128)				(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780		\$1,026,514	\$498,618		\$1,889,601	· ·	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277		•		*		4.,000,000	100,120	<b>41,010,00</b> †	<b>4</b> ,00,000
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days						:	I	46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35,47	A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	\$24,77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557		1				1	•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/Ln 10		\$66.09		. :				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1,99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Łesser of Ln 12 or Ln 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
4.5	Quarterly Per Diem Rate Prior to Add-ons					1				1 :	, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.72	\$12.14	\$0.00	1	\$3.42	\$0.00	\$3.78	1	N/A	' N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$78.23	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.8025</u>		1		:	1	1 :		
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$225.60	\$141.01 \$141.01	\$0.00	\$21.79	600.00					
	wooden, medical divinality of a pign	710 " Cit 10, Anoth - Cit 10	\$440.00	\$141.01	\$0.00	521.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
	Quarterly Per Diem Add-on Amounts					1		:	1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		\$1.41	\$1.41				:		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Stycs)	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	\$23.68	\$6.17	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.28	\$147.18	\$0.00	\$21.79	\$22.47	\$0.00	\$41.44	\$1.99	\$12.36	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.14		· · · · · · · · · · · · · · · · · · ·				·4···········	.1		

	ovider: Signature Healthcare of Savannah		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	MI) Data		Facility Specific 1.6565	State- wide 1,3617
''	Case Mix Per Diem Rate Effective Date;	8/14/2020	Q	trly BIMS score	17.0%	0.0%		Quarterly I	Medicaid CMI:		1.6056	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.55	3.0%	Ortrly Meaid	CMI w RUG \	Nght Options:		1.6365	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dîetary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					1						
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1		1 .		
	Type of Facility within Peer Group	(362 ) Oile) Maistail		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: All Facilities	]		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits	:				:						
- 2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
; 3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts	:				:			1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,163,426.08	\$3,322,791	\$0	\$575,380	\$227,959	\$317,863	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-Pt Ins Rpt Days						1	:	38,127		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$142.80	\$83,33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
10	· · · · · · · · · · · · · · · · · · ·	from 4 qtrs of FY12		<u>1.6565</u>		1		į				
† 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31		: ·			:	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79	:	\$26.56	\$0.92	\$2,47	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Stross)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	,	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.56	\$50.31	\$0.00	\$14.48	\$13.79	1	\$20.56	\$0.92	10.25	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons	· ·						İ	:		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18,21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	\$3,78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.77	\$59.55	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10,25	\$1.25
· 17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.6365								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.45		;						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.67	\$97.45	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
	Quarterly Per Diem Add-on Amounts			İ		}				į į		:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	: : \$0.00	\$0.00		50.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srys)	En 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	- JU.ZZ	\$0.41		30,00	1	\$0.00	í
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Srycs)	Ln 19 Col b x Sting Add-on	\$2.92			[ ]		i	1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18		\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1 ,	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$188.85	\$100.90	\$0.00	\$17.36	\$16.73	\$0.00	541.44	\$0.92	\$10.25	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.81	<u>i</u>			2			1	7.320	7

Provider: Prvdr ID:	Smith Medical Nursing Care Center 00143008A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20		rowth Allowance: Qtrly BIMS score		Add-on Percent 18.37% 2.5% 0.0%			Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 0.9535 0.9918 1.0025	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	NY RASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1					
1	Type of Facility within Peer Group	(see Folicy Maridal)		All Facilities	All Facilities	Free Standing	All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0%			
	* 0 5 0 0 0 0 10 to 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see Folky Walidal)		φυ.55	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,363,450.00	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days As Filed Days = 16,988	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	18 GL-PL Ins Rpt D FY 18 C/R Days								17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		0.9535								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65	79							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	\$0.93	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	No. Mariner and any	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.93	\$7.28	\$0.00	\$1.81	\$2.08	\$0.00	\$2.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$103.63	\$46.93	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	55.5 //4/2004/4/2004	1.0025		A 00 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		1, 4, 4, 6, 6, 6, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		3. 0.10.000		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$47.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$103.75	\$47.05	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	60.00	60.07		60.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18	φυ.00	φυ.22	φ0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.81	\$1.71	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$123.56	\$48.76	\$0.00	\$11.89	\$13.82	\$0.00	\$35.23	\$2.81	\$10.18	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$79.85		1100000						7.5110	44.37

27 Minimum Quarterly Case Mix Based Per Diem Rate
28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

	rovider: Social Circle Nursing and Rehab Center rvdr ID: 00143041A			th Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data d Overall CMI:		Facility Specific 1.5267	State- wide 1.4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per 0		ly BIMS score ality Incentive:	32.0% 3.43	2.5% 3.0%	Ortrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.6079 1.6377	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
^	Type of Facility within Peer Group	(See Folicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(according manual)		ψ0.00	ψ0.00	ψ0.22	Ψ0.47		φυ.57			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$0.400.700	61 110 050	00	0400 444		****			2700000	
6	We would be the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of	FY14 C/R Audit Adjstmts	\$2,102,789	2.0	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$5,854	\$188,781	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY14 Audited C/R	(\$19,636)	\$0 \$1,142,250	\$0 \$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,76
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	\$2,083,153 10,450	\$1,142,230	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,76
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days	10,430							04 000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	21,602 \$0.27	\$17.60	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	ψ100.00	1.5267	φυ.υυ	\$10.51	\$10.55	(With Lot I)	\$30.09	\$0.27	\$17.60	\$0.74
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.27	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	127/4/12/20	N/A	\$0.75
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02		9.39	\$0.74
				100					***************************************		(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	404.00	010.15	****				20000			275000
16	Growth Allowance Percentage = 18.4%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$24.00	\$13.15	\$0.00	\$3.40	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$165.06	\$84.75 1.6377	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.11	\$138.80	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
	5.000 (500 (100 P) - Addressed (100 p) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P) (500 P)		QL13.11	ψ100.00	ψυ.σσ	φ21.31	\$15.57	φυ.υυ	\$20.43	\$0.27	ф9.39	\$0.72
	Quarterly Per Diem Add-on Amounts	- A 1000 MO 100	9000									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.16	\$4.16					A.= ::-			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	60.40	00.00	00.00	**	***	\$17.10			
			\$25.89	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.00	\$146.96	\$0.00	\$22.13	\$19.98	\$0.00	\$45.53	\$0.27	\$9.39	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.93									

Pi	ovider: Southern Pines Nursing Home vdr ID: 00140918A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 48.9% 3.87	Add-on Percent 18.37% 5.5% 3.0%		Quarter	(CMI) Data iod Overali CMI: ly Medicaid CMI: 3 Wght Options;		Facility Specific 1.4655 1.8123 1.8486	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	6	· f	9		h	ì
CA	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% o Routine Srvs)	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$160.64 \$23.31 \$186.68 \$254.91 \$8.18	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.8486 \$148.64 \$148.64	1 All Facilities All Bed Sizes 90.0% 100,0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 54,433 20,467 \$ 2.73	\$32.84 \$32.84 \$32.84 (FRV Rate) \$32.84	
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$4.46 \$17.10 \$29.73	\$4,46			4.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000		17.10			
	Quarterly Case Mix Based Per Diem Rate		\$284.65	\$161.28		\$20.70	\$25.97		\$40.22	\$2.73	\$32.84	\$0.91
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$200.66	***************************************	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	l			

	ovider: Southland Nursing Home vdr ID: 00409054A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score lours per On-Site Day/Quality Incentive:		Facility Score N/A 39.4% 3.31	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:			Facility <u>Specific</u> 1.4974 1.6800 1.7080	State- wide 1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981.26	\$5,013,180	\$0	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,285)	(\$707)	\$0	(\$3,735)	\$0	\$0	(\$28,578)	. ,	(\$83,132)	\$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,520,696	\$5,012,473	\$0	\$889,679	\$455,650	\$544,070	\$1,111,404	\$147,464	\$1,273,089	\$86,867
8	Total Nursing Facility Days As Filed Days = 52,588	FY12 Audited C/R Days	52,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY 18 GL-PL Ins Rpt Days								49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4974</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
	Quarterly Per Diem Rate Prior to Add-ons										(****)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.07	\$11.69	\$0.00	\$3.11	\$3.49	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.55	\$75.35	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7080</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.90	\$128.70	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$26.63	\$8.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.53	\$137.60	\$0.00	\$20.25	\$22.91	\$0.00	\$41.44	\$2.98	\$13.70	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.57									

:	rovider: Southland Healthcare & Rehab Ctr. rvdr ID: 00143558A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	8/14/2020 03/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 31.2% 2.75	Add-on <u>Percent</u> 18.37% 2.5% 2.0%	***************************************		Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5242 1.4807 1.5052	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	ь	С	ď	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Co'st Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749.00		\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 35,339	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$545,105) \$4,622,644 35,413	(\$169,656) \$2,253,504	\$0 \$0	(\$3,887) \$482,900	\$3,071 \$284,717	(\$4,176) \$303,944	(\$363,805) \$552,348	\$49,173	(\$38,826) \$663,884	\$32,174 \$32,174
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days							!	33,391		!
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5242				:				:
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75				:	:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.75	\$0.00		\$16.62		\$15.60	\$1.47	\$18.75	\$0.9
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	1	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62	:	\$15.60	\$1.47	7.96 (FRV)	\$0.9
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.10	\$7.67	\$0.00	\$2.51	\$3.05	\$0.00	\$2.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.05	\$49.42	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5052				:	(		•	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.39					l	:		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = Ln 16	\$139.02	\$74.39	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
	Quarterly Per Diem Add-on Amounts			:		!		:	ı			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	İ
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86			Ţ3		45.07	;	\$5.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.49	\$1.49		! ;				:		1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.00	\$78.27	\$0.00	\$16.37	\$20.08	\$0.00	\$35.94	\$1.47	\$7.96	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.93	:				<u> </u>	I	<del></del>		

#### FINAL

Pr	ovider: Southwell Health and Rehab vdr ID: 00059826A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 No	***************************************	ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 39.8% 3.98	Add-on Percent 18,37% 2.5% 3.0%	•	Quarter	: (CMI) Data iod Overali CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.4305 1.2904 1.3099	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	đ	е	f	g		h	ı
GA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile  Peer Group Standards: Multiplier  Efficiency Measures (Maximums)  Per Diem Costs and Add-ons  GL-PL- Insurance Costs  Total Nursing Facility Days GL-PL Ins. Rpt  Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 95% of Std  Growth Allowance 18.37%  CMA Allowed Per Diem (After Growth Alowance)  Quarterly Facility Case Mix Index for Medicaid Residents  Qrily Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem  Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2013 Peer Group Limi		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$73.90 \$70.21 \$12.90 \$83.11 1.3099 \$108.86 \$108.86	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$28.00 \$26.60 \$4.89 \$31.49	85.0% 100.0% \$0.41 \$23.27 \$22.11	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$23.46 \$22.29 \$4.09 \$26.38 \$26.38	3	\$27.24 \$27.24 \$27.24 (FRV Rate) \$27.24	\$0.34 \$0.34 \$0.34
	Quarterly Case Mix Based Per Diem Rate		\$246.30	\$114,85		\$31.49	\$26,17		\$43.48	\$2,73	\$27,24	\$0.34
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$171.90		¥ • • • • • • • • • • • • • • • • • • •			<b>V</b> 2=111		<b>V</b> 70.70	92.70	921.24	70.07

Provide	•		Add-on Data and I	Percentages	Facility Score	Add-on Percent	Case	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr II				wth Allowance:		18.37%		Base Period	Overall CMI:		1.0832	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		rly BIMS score		1.0%			Medicaid CMI:		1.0893	1.4961
1	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	ırs per On-Site Day/Qı	ality Incentive:	3.54	3.0%	Qrtrly Meaid	CMI w RUG \	Nght Options:		1.1048	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
,			<u>a</u>	b	С	d	е	f	g	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS											
1 Co	st Center Peer Groups	(see Policy Manual)		1	,	2	1	1				:
1 1 1	Type of Facility within Peer Group	(oco t only manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		:
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	<b>.</b>	All Bed Sizes	1	All Bed Sizes	1		
Per	er Group Standards & Efficiency Measure Limits									·		
	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts							-	1			
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795.29	\$1,640,812	50	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	S0	\$0	\$0	\$0	(\$16,679)	d :	(\$16,933)	\$16,933
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400		:	1			!	1		1
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days							1	25,443		1
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14,24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832	:							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81					i			1
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9	:	\$58.81	\$0.00	\$14.24	\$15.83	i	\$15.13	\$3.05	\$11.04	\$0.67
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	İ	\$20.56	\$0.00	N/A	
14 B	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83	1	\$15.13	\$3.05	8.35	\$0.67
Qu	arterly Per Diem Rate Prior to Add-ons							ĺ			(FRV)	
	Growth Allowance Percentage = 18.37%	Lл 14 x Grwth Allwnc %	\$19.11	\$10.80	\$0.00	\$2.62	\$2.91	\$0.00	\$2.78	N/A	N/A	. N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135,19	\$69.61	\$0.00		\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
17 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1048			*****				40.00	;
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$76.91		1				į		-
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$142.49	\$76,91	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
Qu	arterly Per Diem Add-on Amounts								1			i
	fficiency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	·	\$0.00	
1 .	SIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,77	\$0.77			<del>+3.,,</del>	12.00	-5.01		\$3.50	
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.31	\$2,31					1	1		i
	lursing Home Provider Fee	(Fixed Amount)	\$17.10		:				\$17,10	: :		1
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Qu</b>	arterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$164.20	\$80.52	\$0.00	\$17.08	\$19.15	\$0.00	\$35.38	\$3.05	\$8.35	·
26 Ou	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$110.33			<u>-i</u>		·	1	<u> </u>		1

		Per Diem Rate Effective Date: e Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 26.1% 3.88	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6519 1.5925 1.6228	State- wide 1.3617 1.4961 1.5223
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS	<u>i</u>											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Lin	nits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual	al)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvo	es Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797.46	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center		FY12 C/R Audit Adjstmts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)	ψ.,,σ.σ	(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days	As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routing	e Srvcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility Case Mix Index for All Resid	lents	from 4 qtrs of FY12		<u>1.6519</u>								
11	···· (- / ··· ·	Diem	Ln 9 / Ln 10		\$70.91								
12	,		RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	,	•	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13	\$169.23	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											(1110)	
15	Growth Allowance Percentage = 18.37	<u>7%</u>	Ln 14 x Grwth Allwnc %	\$24.02	\$13.03	\$0.00	\$3.38	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-	on)	Ln 14 + Ln 15	\$193.25	\$83.94	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
17	, , <del></del> _		per Current Qtr End		1.6228								
18	, , , ,	Per Diem	Ln 16 x Ln 17		\$136.22								
19	Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$245.53	\$136.22	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up t	o max, or 0)	(see Policy Manual)	\$0.86	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	•	6 (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09								
23	ů		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$23.41	\$5.90	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$268.94	\$142.12	\$0.00	\$21.79	\$25.08	\$0.00	\$41.44	\$3.02	\$34.43	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave	Days	(Ln 25 - Ln 23) * 0.75	\$188.88									

	rovider: Summerhill Elderliving Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00142139A		Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.3692	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		trly BIMS score		2.5%			Medicaid CMI:		1,5012	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hour	s per On-Site Day/Qu	uality Incentive:	4.16	3.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.5266	1.5223
Line	Description	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes and
#	Description	Calculations		Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
			а	b	С	d	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS	!	:					`	:			
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1			
	Type of Facility within Peer Group		:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	:	:	:	!	:						
2	Peer Group Standards: Percentile	(see Policy Manual)	;	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)	,	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	; ! }		
	Base Period Per Diem Allowed Amounts				!	:				1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605.00	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	: . \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)	(\$80,228)	so	\$0	(\$159)	\$73,654	(\$76,632)	!  :	(\$59,884)	\$52.892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253		-	i - i						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days				1			:	57,192		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	Î	1.3692	: :			i	:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$58.34		1				;		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$58.34	\$0.00	\$19.58	\$21.30		\$17,54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30	1	\$17.54	\$2,12	13.83	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwiic %	\$21.23	640.70		<b>60.00</b>	22.04	#0.00				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15		\$10.72	\$0.00	\$3.38	\$3.91	\$0.00		N/A	N/A	N/A
17		per Current Qtr End	\$153,73	\$69.06	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
18		Ln 16 x Ln 17	:	1.5266	1	1		•	1			1
19		RS = Ln 18, AliOthr = Ln 16	\$190,10	\$105.43 \$105.43	\$0.00	\$21,79	\$25.21	\$0.00	\$20,76	50.40	m40.00	
,,,	Qualitary modified Only Anomed 1 of Diem	TO SET TO, MICHIES - EN TO	\$150,10	\$105.45	. 30.00	\$21,79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
	Quarterly Per Diem Add-on Amounts				:	1				}		
20		(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	1	\$0.00	1
21	BIMS Add-on Per Diem = 2.5% (lo Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64		:		ļ		1		I
22	· — · ·	Ln 19 Col b x Sifng Add-on	\$3.16	\$3.16		1			!	1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.33	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.31	\$111.76	\$0.00	\$21.79	\$25.62	\$0.00	\$38.23	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147,91		*******	<u> </u>		ž	1	·		<del></del>

Provider: Syl-View Health Care Center, Inc. Prvdr ID: 00040796A		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score		18.37% 2.5% 3.0%	Qrtrly Mcaid		l Overali CMI: Medicaid CMI: Vght Options:		1.1798 1.4433 1.4693	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	i İ						; 				
1 Cost Center Peer Groups											
Type of Facility within Peer Group	(see Policy Manual)	:	1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	. 1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Facilities All Bed Sizes	Ì		
Peer Group Standards & Efficiency Measure Limits		·				200 0.200	Jan Boa Quada	7111 2000 01200			!
2 Peer Group Standards: Percentile	(see Policy Manual)	· '	90.0%	90.0%	90.0%	85.0%	I	50.0%	!	,	
3 Peer Group Standards: Multiplier	(see Policy Manual)	· ·	100.0%	100.0%	100.0%	100.0%	<u> </u>	105.0%		i	
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts		· ·						:			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,902,776.00	\$2,054,107	: : \$0	\$497,355	\$318,621	\$206,770	\$442,929	\$85,829	\$297.165	: • \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$135,020)	(\$38,629)	\$0		(\$611)	\$0	(\$91,419)		(\$24,967)	: **
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0		\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
8 Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197	42,010,110	, J.	0.00,0.0	4510,010	\$200,770	4551,510	\$00,62,5	φ212,190	, \$22,101
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days				1			:	27,272		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28		\$7.96	: \$0.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1798			4.0,00	(		Φ3.13	<b>4</b> 7.50	. 40.03
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96		1		 				
12 Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$49,96	\$0.00	\$14.50	\$15.35	! :	\$10,28	\$3.15	\$7.96	· \$0.65
13 Per Diem Standards (After Statewide CMA for Routine Strcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	! !	\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28		7.89	\$0.65
Outside Des Diese Date Date Add					1					(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	i.n 14 x Grwth Allwnc %				20.00	****					
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.55	\$9.18 \$59.14	\$0.00		\$2.82	\$0.00	\$1.89		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$118.33	1,4693	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.89				!		1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$146.08	\$86.89	\$0.00	\$17.16	\$18,17	60.00		<b>***</b>		
addition in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st		\$140.00	\$00.05	\$0.00	\$17.10	\$10,17	\$0.00	\$12,17	\$3.15	\$7.89	\$0.65
Quarterly Per Diem Add-on Amounts									i		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17	:	1		!		3		:
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61		i i						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + էս 24	\$169.49	\$92.20	\$0.00	\$17.38	\$18.58	\$0.00	\$29.64	\$3.15	\$7.89	\$0.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.29						•••			······

Provi			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Case	e Mix Index (C	(MI) Data		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		trly BIMS score	23.1% 3.16	1.0% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:		1.5802 1.6222 1.6513	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	ь	С	d	6	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS					1						
1 : 0	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	7	1	1		
	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities		1 All Facilities	, All Facilities	: 1 All Facilities			
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		i		
P	Peer Group Standards & Efficiency Measure Limits			. :		:		•				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	Base Period Per Diem Allowed Amounts					1				1		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,904,994.00	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjs/mts	(\$803,200)	(\$251,995)	\$0		(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101.83
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0		\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895		•••		400 1,1 50	4010,001	Ψ0-10,201	\$112,214	\$1,515,033	\$101,034
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days	:	:					:	45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.13	\$71,40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29,40	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802	•		*	1	421.00	40.10	Ψ <b>2</b> 3.40	Ψε.ε.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12 ;	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16,16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	!	\$20.56	\$0.00	N/A	Ψ2.2.1
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	,	\$16.16	!	\$20.56	\$3.79	17,99	\$2.27
! _	Number of the Post of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of				7-1	1	4.5,.0			<b>43.73</b>	(FRV)	Ψ2.21
	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				!				i .		
			\$17.63	\$8.30	\$0.00		\$2.97	\$0.00	\$3.78	N/A	N/A	N/A
17 .	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.64	\$53.48	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17,99	\$2.27
18	Quarterly Facility Case Mix Index for Medicald Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		<u>1.6513</u>		1						
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.47	\$88.31	<b>#0.00</b>	640.04	***				<u> </u>	
,,,	desirent incorpaid outs. Another the plent	110 - 211 10, Anoth 4 211 10	\$172.47	\$88.31	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
	luarterly Per Diem Add-on Amounts		:			1			i	1		
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add∙on	\$0.88	\$0.88		i :					,	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$2.65	\$2.65		1			}	: !	!	
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.26	\$92.37	\$0.00	\$16.86	\$19.54	\$0.00	\$41.44	\$3.79	\$17.99	\$2.27
26 Q	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.87			-			in	i		,

Provider:	Tattnall Nursing, LLC	_	Add-on Data and	l Percentages	Facility Score	Add-on Percent	Ca	se Mix Index (C	(MI) Data	-	Facility Specific	State- wide
Prvdr ID:	00143228A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	7/1/2020 03/31/20 Nurse Hours		owth Allowance: Qtrly BIMS score Quality Incentive:	30.6%	18.37% 2.5% 2.0%	Ortrly Mcain		Overall CMI Medicaid CMI Vght Options	:	1.1942 1.3884 1.4125	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASEM	IX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	
1	Center Peer Groups	(see Policy Manual)		1	1	,	1	1	1			

Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	
<u>-</u>												
1 "	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
	Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities	All Facilities	All Facilities			
	Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22						
-	Base Period Per Diem Allowed Amounts	(see Folicy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3.042.069.00	\$1,467,317	\$0	\$342,930	\$203.077	\$203,189	\$535,778	\$19.237	\$270,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$46.074	(\$1,163)	\$0	(\$54)	(\$425)	\$03,169	\$1.957	\$19,237	\$25.877	\$19.882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19.237	\$296,418	\$19,882
8		FY12 Audited C/R Days	30,506				*	4200,100	4001,100	\$10,201	Q200,110	Ψ13,002
		18 GL-PL Ins Rpt C FY 18 C/R Days								27,626		
9		Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0.70	\$9.72	\$0.65
10		from 4 qtrs of FY12		1.1942							4.50	
11		Ln 9 / Ln 10		\$40.24	0.000.00000				946000000000000000000000000000000000000	00000000		
12	7	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$0.65
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14		Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons				200000000	200000000000000000000000000000000000000					(FRV)	
15		Ln 14 x Grwth Allwnc %	\$15.13	\$7.39	\$0.00	\$2.06	\$2.44	\$0.00	\$3.24	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$105.54	\$47.63	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
17		per Current Qtr End		1.4125								
18		Ln 16 x Ln 17		\$67.28								
19	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts	RS = Ln 18, AllOthr = Ln 16	\$125.19	\$67.28	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
20	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	( B.F. 11									10,000,000	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
22		Ln 19 Col b x Stfng Add-on	\$1.35	\$1.35								
23		(Fixed Amount)	\$17.10	¥					\$17.10			
24		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
26	Quarterly Case Mix Based Per Diem Rate Quarterly Per Diem Rate for Bed Hold and Leave Days	Ln 19 + Ln 24	\$146.85	\$70.84	\$0.00	\$13.52	\$16.15	\$0.00	\$38.34	\$0.70	\$6.65	\$0.65
26	Quarterly Per Diem Hate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97.31									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									

\$97.43

(Ln 27 - Ln 23) \* 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	wider: Taylor County Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	a Mix Index (C			Facility Specific	State- wide
PIV	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			Overall CMI:		1.2388	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	-,	s per On-Site Day/Q	trly BIMS score uality Incentive:	40.6% 3.77	2.5% 3.0%	Ortrly Moaid	Quarterly N CMI w RUG V	/ledicaid CMI: Vght Options:		1.6219 1.6513	1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1		·	a	b	C	d	е	f	9	q	h	i i
CA	SE MIX BASED RATE CALCULATIONS								· · · · · · · · · · · · · · · · · · ·			<del>i</del>
1 7				}		:				:		
3 3 3	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1	:		
1 1	Bed Size Rango within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities	;		
		:		All 000 31203	Wil Den 215e2	Air Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i l		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percantile	(see Policy Manual)		90.0%	00.00/	00.00				1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	90.0% 100.0%	90.0%	85.0% 100.0%	ı	50.0% 105.0%			
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts	:					*					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,923.72	£4.050.040		4050.005		****				
. 6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts			\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	1
: 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$15,368)		\$0	(\$1,391)	\$0	(\$221)			(\$35,439)	
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	\$3,217,556 23,918	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days	23,918							i		1
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cot a	\$134.27	\$69.28	\$0.00	\$14.69	64F 40	6.31.6818	040.00	26,022		
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	3134.21	1,2388	\$0.00	\$14.09	<b>\$</b> 15.49	(with L&H)	\$18,05	\$2.87	\$12.36	\$1.53
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92				!	[			:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$55.92	\$0.00	\$14.69	\$15.49	,	\$18.05	\$2.87	240.00	
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$18.05	\$2.87	\$12.36	\$1.53
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.92	\$0.00		\$25.09 \$15.49		\$18.05	\$0.00 \$2.87	N/A	£1.55
1	·	1	Q113.01	. 900.01	40.00	\$14.05	\$10.49		310.05	\$2.07	10.96 (FRV)	\$1.53
1	Quarterly Per Diem Rate Prior to Add-ons			:							(,,,,,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.14	\$10,27	\$0.00	\$2,70	\$2.85	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lл 15	\$138.65	\$66.19	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6513</u>		1						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.76	\$109.30	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
1 1	Quarterly Per Diem Add-on Amounts	:				:						:
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-an	\$2.73	\$2.73	/		45.11	45.50		i i	Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.28	\$3.28		1				\		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1		1			\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thre 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.40	\$115.84	\$0.00	\$17.61	\$18.75	\$0.00	\$38.84	\$2.87	\$10.96	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.98			1.						700

1 233	ovider: The Bell-Minor Home, Inc. ovdr ID: 00059397A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 33.3% 2.71	Add-on Percent 18.37% 2.5% 3.0%	PROTECT NO. 100.00 MINES		Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4312 1.6307 1.6633	State- wide 1.3699 1.4961 1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	e de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de l
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5.675.335	\$2,198,300	\$0	\$473,131	\$260,367	\$364.985	\$1,020,033	\$133,682	\$1,224,837	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)	ψ.00,00 <u>2</u>	(\$65,551)	\$65,551
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932			10 00						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4312								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.32	\$43.97	\$0.00	\$13.54	\$17.90		\$23.46	\$3.89	13.68 (FRV)	\$1.88
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18,17	\$8.08	\$0.00	\$0.40	60.00	60.00	64.04	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.49	\$52.05	\$0.00	\$2.49 \$16.03	\$3.29 \$21.19	\$0.00 \$0.00	\$4.31 \$27.77	N/A \$3.89	N/A \$13.68	N/A \$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ130.43	1.6633	φυ.00	\$10.03	φει.19	φυ.00	φει.ΙΙ	φ3.09	φ13.08	φ1.08
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.01	\$86.57	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.03	\$91.86	\$0.00	\$16.25	\$21.60	\$0.00	\$44.87	\$3.89	\$13.68	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.70									

Provider: Prvdr ID:	Case Mix Per Diem Rate Effective Date:	8/14/2020	Q	wth Allowance: lrly BIMS score	Facility Score N/A 21.6%	Add-on Percent 18.37% 1.0%		Quarterly i	i Overall CMI: vledicaid CMI:		Facility Specific 1.2877 1.7800	State- wide 1.3617 1.4961
i .	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.66	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.8149	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	e	f	g	g	h	i i
CASE	MIX BASED RATE CALCULATIONS		•			:			:			
	Center Peer Groups	/ T.C. M. D.	i	1		:						:
Cost	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			:
	Bed Size Range within Peer Group				All Bed Sizes		All Bed Sizes	All Bed Sizes		!		
Poor	Group Standards & Efficiency Measure Limits				,	1		:	1			
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
1	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		i
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	*	\$0.37			:
Base	Period Per Diem Allowed Amounts			:				:	1			i
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148,00	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	: \$0
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239	V110,012	(\$79,976)	
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021		\$1,050,949	\$148,372	\$976,988	
1 1	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236						.,,		40.0,000	02,00
1 1	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days							1	43,354		1
1	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.06	\$94.82	\$0.00	\$11.23	\$20.95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2877		1				1	*	
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64		. :		:				:
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95	:	\$29.83	\$3.42	\$27.73	\$0.08
13 Per	Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.99	\$71.51	\$0.00	\$11.23	\$20.95	:	\$20.56	\$3.42	14.24	\$0.08
	tadis Ban Diana Bata Balanda Add assa							1		i	(FRV)	* :
	terly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.83	\$13.14	\$0.00	\$2.06	<b>#0.05</b>	\$0.00				;
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$13.14	\$0.00	\$13.29	\$3.85		\$3.78	N/A	N/A	
4	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$104,02	1.8149	. \$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14.24	\$0.08
	Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.63		1		i				
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.80	\$153.63	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14,24	\$0.08
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		Ψ255.00	. #133.03	, 40.00	. 910.23	φ24.00	\$0.00	DZ4.34	\$3.42	<b>\$14.24</b>	. 50.06
	terly Per Diem Add-on Amounts			!		:		1	:	1		
	ciency 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	•
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54		:		!		;		
and the second second	rse Staff Hrs / Quality Add-on Per Diern : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61		: :		1		: !		•
	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		•
ļ	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$6.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.68	\$159.78	\$0.00	\$13.51	\$25.21	\$0.00	\$41.44	\$3.42	\$14.24	\$0.08
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.44		ture -	• • • • • • • • • • • • • • • • • • • •		*	***	·		

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 86.0%	18.37% 5.5%			Overall CMI		1.2118	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Qi		4.06	3.0%	Ortrly Meaid	CMI w RUG \	Medicaid CMI: Nght Options:		1.4350 1.4588	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ъ	C	d	е	f	9	g	h	i
CASE	E MIX BASED RATE CALCULATIONS									Ī		
	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 4			
	Type of Facility within Peer Group	(soot oney manasy		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	: 1		
į	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	1		
Pee	er Group Standards & Efficiency Measure Limits									: :		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Bas	se Period Per Diem Allowed Amounts	:				1				:		
5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180.00	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjetmts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)	)	(\$167,822)	\$167,822
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759					:	1	! :		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PŁ Ins Rpt Days						:		42,441		
9 N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$179.08	\$83.48	\$0.00	\$23.10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2118</u>		:						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89				:				
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89	1	\$30,19	\$3.30	\$13.00	\$4.12
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.20	\$68.89	\$0.00	\$18.41	\$21.89		\$20.56	\$3.30	14.03 (FRV)	\$4.12
Qu	arterly Per Diem Rate Prior to Add-ons										(1.1.7)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.84	\$12.66	\$0.00	\$3.38	\$4.02	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$175.04	\$81.55	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4,12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4588</u>					:	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.97					1			
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = £n 16	\$212.46	\$118.97	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
Qu	arterly Per Diem Add-on Amounts							1	i			
20   E	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	1	\$0.00	
1 1	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54		:		1		1		
: !	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57				1	1	1		
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 T	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 23	\$28.15	\$10.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$8.00
25 <b>Qu</b>	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.61	\$129.61	\$0.00	\$21.79	\$26.32	\$0.00	\$41.44	\$3.30	\$14.03	\$4.12
26 Qu	earterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.63							.د		

Pr	ovider. The Lodge vdr ID: 00142381A H/B ?: No Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurse		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive;	Facility Score N/A 40.5% 4.57	Add-on Percent 18,37% 2.5% 3.0%		Quarteri	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.4841 1.6005 1.6321	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	<u> </u>	d	е	f	<u>g</u>		h	i
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards: Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.54 \$23.31 \$185.92 \$236.75 \$3.28 \$3.94	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.6321 \$131.24 \$131.24 \$3.28 \$3.94	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	: :	\$33.65 \$33.65 \$33.65	
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$24.32						17,10			
	Quarterly Case Mix Based Per Diem Rate		\$261.06	\$138.45		\$20.70	\$25.97		\$40,22	\$2.07	\$33.65	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$182.97	L									

Case May Per Diam Rate Effection Date   Mil4202   Miles Norme For Diam Rate Effection Date   Mil4202   Miles Norme For Diam Rate Effection Date   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Miles Norme For Diam Rate   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil4202   Mil420	!	ovider: The Oaks - Bethany (Vidalia)		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part	Pr		0/4 4/2020			N/A	18.37%					1,4603	1.3617
Control   Processing   Processing   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process								Ortrly Moaid					
Case MIX BASED RATE CALCULATIONS   Conference Feet Groups   (see Pulsey Manual)   T   T   T   T   T   T   T   T   T	Line #	Description		Totals			Dietary		Operatos	and		and	and
Coase Partic Value Prese Groups   (see Petry Namual)   1   2   1   7   7   8   8   8   8   8   8   8   8				8	b	C	ď	e	<del></del>		1 0		i
1 Control Per Per Group English Per Group Bed Size Right William Per Group Bed Size Right William Per Group Bed Size Right William Per Group Standards & Efficiency Measure Limits Per Group Standards Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standards & Filliam Per Group Standar	C	ASE MIX BASED RATE CALCULATIONS			:				· · ·	!	1		
Pyro of Facility within Parc Group   Purp of Facility within Parc Group   Purp of Facility within Parc Group   Standards & Efficiency Measure Limits   Saper Group Standards & Efficiency Measure Limits   Saper Group Standards & Efficiency Measure Limits   Saper Group Standards & Efficiency Measure Limits   Saper Group Standards & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Sizes & Male and Size	. — : 1		(see Policy Manual)			1	,	1		! !	1		
Peof Group Standards A Right (response)   A Right (response)   A Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Right (response)   Rig			(Scot Only Millison)			•		,		All Facilities	1		
Peer Group Standards: Percentiles   Peer Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept   Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Dept Group Standards: Marting Facility Group Standards: Marting Facility Dept Group Standards: Marting Facility Group Standards: Marting Facility Group Standards: Marting Facility Group Marting Facility Group Standards: Marting Facility Group Marting Facility Group		Bed Size Range within Peer Group								1			İ
Per Group Standards: Multiplier   Gee Policy Manual   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075   100.075		Peer Group Standards & Efficiency Measure Limits	1				: ;				1		
Perfect Group Standards: Multiplier   Gene Pericy Manusal   100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00% 100 00%	2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts	3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:		1		
As Flied Cost Center Costs (Routine & Special Sirves Combined)	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			!
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CIR Audit Adjustments FY12 Audited CR Days Total Nursing Facility Days As Field Days = 59,128 Total Nursing Facility Days As Field Days = 56,582 FY18 Audited CR Days Total Nursing Facility Days As Field Days = 56,582 FY18 Audited CR Days Total Nursing Facility Days As Field Days = 56,582 FY18 Audited CR Days Total Nursing Facility Days As Field Days = 56,582 FY18 Audited CR Days Total Nursing Facility Days As Field Days = 56,582 FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Days FY18 Audited CR Day		Base Period Per Diem Allowed Amounts	i				1						:
March Adjustments and Reallocations to Cost Center Costs   FY12 CR Audit Adjustments   S221,528   S32,528   S3   S5   S870,206   S840,13   S52,132   S954,176   S404,204   S178,526   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S772   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614   S774   S30,614	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531.00	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210.677	\$0
Coal Center Costs After Audit Adjustments F12 Audited CIR page 59,128 F122 Audited CIR page 59,128 F122 Audited CIR page 59,128 F122 Audited CIR page 59,128 F122 Audited CIR page 59,128 F122 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124 Audited CIR page 59,128 F124	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207.967)	1		
Total Nursing Facility Days	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113					
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	*******	455,51
10 Base Period Facility Case Mix Infex for All Residents from 4 qtrs of FY12 1.4693 11 Routine Srvcs Case Mix Adjut (CMA) Net Per Diem 1.97 Ln 10 \$53.64 12 Net Per Diems after Case Mix Adjut (DMA) Net Per Diem 5.54 Ln 18.1/00thr = Ln 9 \$54.64 \$0.00 \$14.72 \$20.16 \$16.14 \$7.14 \$3.02 \$0.52 13 Per Diem Standards (Alter Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N/A 14 Base Period Case Mix Adjut (DMA) Ret Per Diem 1.55 Leaser of Ln 12 or Ln 13 \$126.51 \$54.64 \$0.00 \$14.72 \$20.16 \$16.14 \$7.14 \$3.02 \$0.52  Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allows \$50.00 \$14.72 \$20.16 \$16.14 \$7.14 \$13.19 \$0.52  CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$145.91 \$64.68 \$0.00 \$17.42 \$23.86 \$0.00 \$19.10 \$7.14 \$13.19 \$0.52  CUarterly Per Diem Add-on Amounts 16 Criffy Routine Srvcs Case Mix Adjut (CMA) Net Per Diem 1.61 6 \$183.03 \$101.80 \$0.00 \$17.42 \$23.86 \$0.00 \$19.10 \$7.14 \$13.19 \$0.52  Quarterly Per Diem Add-on Amounts 17 Quarterly Per Diem Add-on Amounts 28 CHIS Add-on Per Diem 2.55% (Io Routine Srvcs) Ln 19 Col b x CPS Add-on \$2.55 \$2.55  29 Murse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem: 3.00% (Routine Srvcs) Ln 19 Col b x CPS Add-on \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem Add-on Amounts \$3.05 \$3.05  Nurse Staff Mrs (Duality Add-on Per Diem Add-on Amounts \$3.05 \$3.05  Nurse Staff Mrs (Duality	:	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL ins Rpt Days								56,582		
Base Period Facility Case Mix AdjistId (CMA) Nel Per Diem   Ln 9/Ln 10   S54,64   S0,00   S14,72   S20,16   S16,14   S7,14   S3,02   S0,52	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7.14	\$3.02	\$0.52
Net Per Diems after Case Mix Adjstimt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   S54,64   S0,00   S14,72   S20,16   S16,14   S7,14   S3,02   S0,52	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603					:	1 1	•	
13 Per Diem Standards (After Statewide CMA for Routine Sirves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64		: :			}	1		!
14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$126.51   \$54.64   \$0.00   \$14.72   \$20.16   \$16.14   \$7.14   \$13.19   \$0.52	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
Quarterly Per Diem Rate Prior to Add-ons   S10,04   S10,04   S10,04   S10,04   S10,00   S2,70   S3,70   S0,00   S2,96   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A   N/A	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate Prior to Add-ons   Comparing Per Diem Rate	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16	:	\$16.14	\$7.14	13.19	\$0.52
16 CMA Allowed Per Diem (Aller Growth Allowance Add-on)  Ln 14 + Ln 15  S145.91  Guarterly Facility Case Mix Index for Medicaid Residents  per Current Qtr End  Ln 16 x Ln 17  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Ln 16 x Ln 17  Quarterly Medicaid CMA Allowed Per Diem Add-on Amounts  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem (Istnd - Alwd) x.75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (Io Routine Srvcs)  Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (Io Routine Srvcs)  Nursing Home Provider Fee  (Fixed Amount)  Sum of Lns 20 thnu 23  Quarterly Case Mix Based Per Diem Rate  Ln 19 + Ln 24  \$20.55  \$20.55  \$20.55  \$20.55  \$20.55  \$20.00  \$17.42  \$23.86  \$0.00  \$17.42  \$23.86  \$0.00  \$19.10  \$7.14  \$13.19  \$0.52  \$0.00  \$19.10  \$7.14  \$13.19  \$0.52  \$0.00  \$19.10  \$7.14  \$13.19  \$0.52  \$0.00  \$19.10  \$7.14  \$13.19  \$0.52  \$0.00  \$19.10  \$7.14  \$13.19  \$0.52  \$0.00  \$19.10  \$1.57  \$10.80  \$0.00  \$19.10  \$1.57  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80  \$10.80		: Quarterly Per Diem Rate Prior to Add-ons								:	1	(FRV)	
16 CMA Allowed Per Diem (Alter Growth Allowance Add-on)	15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.40	\$10.04	\$0.00	\$2.70	\$3.70	\$0.00	\$2.96	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.5739 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 RS = Ln 18, AllOthr = Ln 16 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Squarterly Case Mix Based Per Diem Rate 27 Squarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 28 Squarterly Squarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 29 Squarterly Rose Mix Index for Medicaid Residents per Current Qtr End 29 Squarterly Rose Mix Index for Medicaid Residents per Current Qtr End 29 Squarterly Per Diem Add-on Amounts per Current Qtr End 29 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Medicaid Residents per Current Qtr End 29 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 20 Squarterly Facility Rose Mix Based Per Diem Rate 21 Squarterly Facility Rose Mix Based Per Diem Rate 21 Squarterly Facility Rose Mix Based Per Diem Rate 21 Squarterly Facility Rose Mix Based Per Diem Rate 21 Squarterly Facility Rose Mix Based Per Diem Rate 21 Squarterly Facility Rose Mix Based Per Diem Rate 22 Squarterly Facility Rose Mix Based Per Diem Rate 23 Squarterly Facility Rose Mix Based Per Diem Rate 24 Squarterly Facility Rose Mix Based Per Diem Rate 25 Squarterly Facility Rose Mix Based Per Diem Rate 26 Squarterly Facility Rose Facility Rose Rose Facility Rose Facility Rose Facility	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00	\$17.42	\$23.86					
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$183.03 \$101.80 \$0.00 \$17.42 \$23.86 \$0.00 \$19.10 \$7.14 \$13.19 \$0.52 \$0.00 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.10 \$19.	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5739					1		*	!
Quarterly Per Diem Add-on Amounts   Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)   (see Policy Manual)   \$1.53   \$0.53   \$0.00   \$0.22   \$0.41   \$0.00   \$0.37   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.80		1			İ	1		!
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.03	\$101.80	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$		Quarterly Per Diem Add-on Amounts	:										!
21 BIMS Add-on Per Diem = 2.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$2.55 \$2.55 \$	20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	50.22	\$0.41	\$0.00	\$0.37	1	የበ ብን	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (No Routine Srvcs) Lin 19 Col b x Stfing Add-on \$3.05 \$3.05 \$  23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$  24 Total Quarterly Per Diem Add-on Amounts Sum of Lin 20 thru 23 \$24.23 \$6.13 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	21	1				45.50		Ψ071		Ψ0.51	1		!
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10	22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on				1 .				1		
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 Case Mix Based Per Diem Rate       Ln 19 + Ln 24       \$207.26       \$107.93       \$0.00       \$17.64       \$24.27       \$0.00       \$36.57       \$7.14       \$13.19       \$0.52	23	Nursing Home Provider Fee	(Fixed Amount)				1			\$17,10	1		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$207.26 \$107.93 \$0.00 \$17.64 \$24.27 \$0.00 \$36.57 \$7.14 \$13.19 \$0.52	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$6.13	\$0.00	\$0.22	\$0.41	\$0.00		4	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ĺn 19 + Ln 24	\$207.26			<del></del>					*	
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.62							1 71111	7,300	

	rovider: The Oaks at Limestone, LLC rodr ID: 00141743A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 50.0% 3.61	Add-on <u>Percent</u> 18.37% 5.5% 2.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5724 1.4221 1.4433	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050.00	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5724								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$3.52
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.96	\$12.03	\$0.00	\$2.91	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.20	\$77.54	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4433</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.91					4			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.57	\$111.91	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.16	\$6.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.82	\$120.84	\$0.00	\$18.99	\$27.33	\$0.00	\$41.44	\$7.17	\$17.53	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.79									

Pro	ovider: The Oaks at Scenic View		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pn	/dr ID: 00178307A		Gro	with Allowance:	N/A	18.37%		Base Period	Overall CMI;		1,5260	1.3617
	Case Mix Per Diem Rate Effective Date:	8/14/2020		irly BIMS score	17.4%	0.0%			Medicaid CMI:		1.6625	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	4.02	3.0%	Ortrly Meaid	CMI w RUG Y	Wght Options:		1.6942	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	, f	q	q	h	i
C/	ASE MIX BASED RATE CALCULATIONS			:		! :		:		<u> </u>		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				
- 1	Type of Facility within Peer Group	(oco i one) meneral)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	'		
:	Peer Group Standards & Efficiency Measure Limits	:								!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 '	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
3	Base Period Per Diem Allowed Amounts					1		)	1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419.00	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)	:	(\$107,447)	\$107,04
7 :	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,04
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855			1		:		!		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260						!		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84		!			£	! !	:	
12 .	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.2
13 ;	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15	\$2.2
:	Quarterly Per Diem Rate Prior to Add-ons					1		:			(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.92	\$10.63	\$0.00	\$2.51	\$4.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լռ 14 + Լո 15	\$154.79	\$68.47	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.6942		1		{				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.00				:		į		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$202.32	\$116.00	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10,15	\$2.2
	Quarterly Per Diem Add-on Amounts								*	:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	*****	1	****				ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1	•	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$224.06	\$120.01	\$0.00	\$16.39	\$26.16	\$0.00	\$41.44	\$7.67	\$10.15	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.22			- <del></del>		i	i	<u> </u>		

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	D: 00142271A  Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A 46.3%	18.37%			Overall CMI:		1.2854	1.3617
:	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		4.08	5.5% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Nght Options:		1.8149 1.8498	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	С	d	е	f	g	9	h	ì
CASE	MIX BASED RATE CALCULATIONS	: :						1				
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	i		: !
. ;	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			•
. !	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	r Group Standards & Efficiency Measure Limits					1		i				
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 . 21	inciency ineasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	)	\$0.37	1		
Bas	e Period Per Diem Allowed Amounts	:						! 1		:		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985.00	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8 !	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971	1		1						1
: :	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days				i :		:		21,365		<u> </u>
9 No	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2854		. :				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08					•			!
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93	:	\$20.93	\$1.61	\$2.59	\$2.09
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78	\$2.09
Qua	arterly Per Diem Rate Prior to Add-ons	•				:					(FRV)	
. :	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.34	\$8.65	\$0.00	\$2.80	\$3.11	\$0.00	\$3.78	N/A	bi/A	L.
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.62	\$55.73	\$0.00		\$20.04	\$0.00	\$24.34	\$1.61	N/A \$14.78	N/A \$2.09
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ (00.0 <u>2</u>	1.8498	Ψ0.00	\$10.03	\$20.04	. 40.00	\$24.54	\$1.01	\$14.70	\$2.09
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.09		1		;				ŧ
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.98	\$103.09	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
Опа	arterly Per Diem Add-on Amounts	i I				:					•	
4	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
,	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67	40.00	<b>VO.22</b>	90.41	. 40.00	50.00		φυ.υυ	
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$3.09	\$3.09		1			V	1		ļ.
•	ursing Home Provider Fee	(Fixed Amount)	\$17.10	72.00				:	\$17.10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.02	\$9.29	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.00	\$112.38	\$0.00	<del></del>	\$20.45	\$0.00	\$41.44	\$1.61	\$14.78	\$2.09
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.43			<u> </u>		•	1	1		1
	,	(===== =====) 0.10	ş 140.43									

1	ovider: The Oaks of Athens vdr ID: 00140126A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurs		ata and Percentages Growth Allowance; BIMS: e Day/Quality Incentive;	Facility Score N/A 22.0% 3.98	Add-on Percent 18.37% 1.0% 3.0%		Quarteri caid CMI w RUC	iod Overall CMI; ly Medicaid CMI; G Wght Options;		Facility Specific 1.4177 1.4271 1.4533	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	<u>d</u>	e	f	l g		h	i
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrity Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$159.61 \$23.31 \$190.23	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.4533 \$116.86	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	\$25.97	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 7.31	\$30.90 \$30.90 \$30.90 (FRV Rate)	\$1.82 \$1.82 \$1.82
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% & Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$226.68 \$1.17 \$3.51 \$17.10 \$21.77	\$116,86 \$1.17 \$3.51		\$20.70	\$25.97		\$23.12 17.10	\$7.31	\$30.90	\$1.82
	Quarterly Case Mix Based Per Diem Rate		\$248.45	\$121.53	****	\$20.70	\$25.97		\$40.22	\$7.31	\$30,90	\$1.82
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.51							L			

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	*		Facility Specific	State- wide
PIVOLIU;	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		with Allowance: trly BIMS score uality Incentive:	N/A 40.9% 3.87	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overail CMI: Medicaid CMI: Wght Options:		1.5821 1.4819 1.5086	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	С	ď	е	f	9	9	h	i
CASE	MIX BASED RATE CALCULATIONS		i			1			İ			
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	i ·	1 All Fecilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			•
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts		į.						İ	1		1
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555.00	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	
6 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,635)	(\$3,973)	\$0		(\$1,599)		1		(\$88,849)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8 1	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520						1		. ,	
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days	!			!				14,492		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10 : E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5821</u>					1			
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$59.35					1			
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13 Per	Diem Standards (After Stalewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	se Period Case Mix Adjusted Allowed Per Diern	Lesser of Ln 12 or Ln 13	\$153.81	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	21.76 (FRV)	\$5.92
	terly Per Diem Rate Prior to Add-ons					: :					1,,	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.89	\$10.90	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	IA Allowed Per Diem (After Growth Allowance Add-on)	1.n 14 + l.n 15	\$175.70	\$70.25	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$21.76	\$5.92
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qfr End		<u>1.5086</u>		1 :			İ	:		
,	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = £n 18, AllOthr = Ln 16	\$211.43	\$105.98 \$105.98	\$0.00	\$19,13	\$27.33	\$0.00	\$24.34	\$6.97	\$21.76	· \$5.92
Ouad	terly Per Diem Add-on Amounts			:						<b>40.07</b>	ŲZ 1.70	. wo.sz
	ciency 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		de oo	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65	φυ.00	φυ.22	\$0.00	φυ.00	ວບ.ບປ		\$0.00	
:	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.18	\$3.18		;			İ	1		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
	al 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
·	terly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$235.11	\$112.34	\$0.00	<del></del>	\$27.33	\$0.00	\$41.44	\$6.97	\$21.76	\$5.92
26 Quan	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$163.51			<u>:</u>			1	i	7-1110	1 1 1 1 1 1 1

Provider: The Place at Deans Bridge Prvdr ID: 00141589A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 37,7% 3.60	Add-on Percent 18.37% 2.5% 3.0%	- Terforink	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4214 1.3777 1.4053	State- wide 1,3617 1,4961 1,5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refaled	Taxes and Insurance
	1	а	b	C	d	e	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	i	÷							:		
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	; ; ;	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts		•						•			
5 As Filed Cost Center Costs (Rouline & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,709,219,00	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	1		(\$40,182)	\$35,907
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163		\$444,214	\$35,907
8 Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016						1			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days							!	27,415		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	<u>1.4214</u>						1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	· ·	\$53.17		:						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02	:	\$19.06	\$7.32	9.18 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons	1		•					! :	1	() <sub>/</sub>	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$9.77	\$0.00	\$2.98	\$2.94	\$0.00	\$3.50	N/A	N/A	N/A
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current QIr End		<u>1.4053</u>					i			
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.45					!			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$88.45	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24
Quarterly Per Diem Add-on Amounts								1	1 .		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1 .	\$0.00	
21   BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21		. :			i i			
22 Nurse Staff Hrs / Quality Add-on Per Diem 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.65	\$2.65					ı			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$190.38	\$93.84	\$0.00	\$19.40	\$19.37	\$0.00	\$40.03	\$7.32	\$9.18	\$1.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.96						*		***************************************	····
	A										

	ovider: The Place at Martinez		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date;	8/14/2020	Q	trly BIMS score	37.1%	18.37% 2,5%			d Overall CMI: Medicaid CMI:		1.3341 1.4063	1.3617 1.4961
1	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hour	s per On-Site Day/Q	uality Incentive:	3.63	3.0%	Ortrly Moald	CMI w RUG V	Wght Options:		1.4290	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	<u>d</u>	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS	1							:			
. 1	Cost Center Peer Groups	(see Policy Manual)		1	-1	2	1		1			
	Type of Facility within Peer Group	(303 t bits) trialitatily		. All Facilities	All Facilities		All Facilities	All Facilities	. All Facilities	1		
	Bed Size Range within Peer Group	i		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits	•				-		:				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i .	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		SO <sub>-</sub> 53	\$0.00	\$0.22	\$0.41	i I	\$0.37	: [		
	Base Period Per Diem Allowed Amounts	:				; i			i	1		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064.00	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$47,334
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465			: :				į į		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days						,		27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.78	\$84.56	\$0.00	\$17.29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3341</u>				İ				
- 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39		: 1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05	·	\$15.34	\$7.18	10.09	\$1.55
1	Quarterly Per Diem Rate Prior to Add-ons	· ·						I	1		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$21,14	\$11.64	\$0.00	\$3.18	\$3.50	\$0.00	\$2.82	N/A	N/A	: N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.03	\$75.03	\$0.00		\$22.55	\$0.00	\$18.16		\$10.09	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4.00.00	1.4290	• • • • • • • • • • • • • • • • • • • •	. 020.41	V22.03		. \$10.10	φ1.10	310.05	. \$1.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.22				:		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$187.22	\$107.22	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
į.	: Quarterly Per Diem Add-on Amounts	:								1	• • • • • • • • • • • • • • • • • • • •	:
20	Efficiency Add-on Per Diem ([Strd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53				70 44			1		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.68	\$0.53 \$2.68	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3.22	\$3.22		1		ı	!			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	93.22					\$17.10	1		
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	\$17.10	4 1	\$0.00	: : \$0.00
25		Ln 19 + Ln 24	\$211.75	\$113.65	\$0.00		\$22.96	\$0.00	\$35.63	\$7.18	\$0.00	\$0.00 \$1.55
26				V 1.0.00	40.00	720.03	922.30	\$0.00	333.03	31.10	310.09	31.55
∠0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.99									

-	vider: The Retreat Nursing Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.0648	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		trly BIMS score	27.9% 4.13	1.0% 3.0%	Ortrly Moaid		Medicaid CMI:		0.9977 1.0045	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	e	f	9	9	h	i
CA	SE MIX BASED RATE CALCULATIONS							1	1	$(-1)^{-1}$		
1	Cost Center Peer Groups	(see Policy Manual)		1	1		1	1	1	1		
1	Type of Facility within Peer Group	(see Folicy (wantar)	i	All Facilities	: All Facilities	Hosp Based	ז All Facilities		1 All Facilities	1		:
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
- 1	Peer Group Standards & Efficiency Measure Limits					į į				· ·		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i .	50.0%	1		
3 !	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%	8	105.0%			
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
3	Base Period Per Diem Allowed Amounts								!			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375.00	\$1,495,689	S0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241	4-0,-0-	(\$8,976)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702.980	\$194,049	\$263,566	1	\$48,494	\$113,248	· •
8 ,	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848			, 2702,000	4101,010	<b>41.00,000</b>	\$ +10,010	ψ10,454	\$7,15,240	Ψ0,710
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days	i			;			:	19,232		
9 -	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.0648	·	:	•			72.02	<b>40.7</b> 1	i 401210
11 🖟	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07					1	1 1		ì
12 ;	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13 -	Per Diem Standards (After Statewide CMA for Routino Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Dierri	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	The second second	7.94	
	Quarterly Per Diem Rate Prior to Add-ons								1		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwac %	\$26.51	: \$12.14		. ceas	64.04		60.70			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$26.51 \$181.54	\$13.14 \$84.65	\$0.00 \$0.00	\$5.35	\$4.24	\$0.00			N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$101.54		\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
18	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		1.0045 \$85.03				1	1			:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$181.92	\$85.03	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
- ;	•				Ψ0.00	904.00	Ψ2.1.30	JU.UU	φε-4.54	φ2.32	φ1.94	. au.28
	Quarterly Per Diem Add-on Amounts								1			•
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	: t	\$0.00	1
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85		;		1		1		:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.55	\$2.55				ŧ		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$3,40	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$202.44	\$88.43	\$0.00	\$34.50	\$27.32	\$0.00	\$41.44	\$2.52	\$7.94	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.01			······································			- <del></del>	·		

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II	Case Mix Per Diem Rate Effective Date:	8/14/2020		owth Allowance: trly BIMS score	N/A 41.7%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.5025 1.6528	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.26	3.0%	Ortrly Moaid	CMI w RUG \			1.6852	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		а	b	c	d	е	f	g	g	h	<u>    i                                </u>
CASE	MIX BASED RATE CALCULATIONS								:			
1 Cos	st Center Peer Groups	(see Policy Manual)	•	1	1	2	1	1	1	. !		:
1 .	Type of Facility within Peer Group		:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
	er Group Standards & Efficiency Measure Limits					:		l I		: !		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%			•
4 6	истенсу меаsure махинить — (see иле 20 гог асции)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	; ,		:
Bas	e Period Per Diem Allowed Amounts								i .	1		
5 A:	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,738,554.35	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)	i i	\$25,837	\$9,763
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8 :	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153			: 1			1			
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL ins Rpt Days				: :				17,102		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18.47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5025		:			*			
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20					,	;		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.20	\$0.00	\$18,47	\$18.54	Ì	\$26.56	\$0.60	\$22.15	\$0.60
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14   Bi	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36	\$0.60
Qua	arterly Per Diem Rate Prior to Add-ons	•				1				:	(FRV)	
15   G	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.32	\$7.75	\$0.00	\$3.38	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.59	\$49.95	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6852		1			:			i
18 :	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.18						i		
19 Q	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$162.82	\$84,18	\$0.00	\$21.79	\$21,95	\$0.00	\$24,34	\$0.60	\$9.36	\$0.60
Qua	arterly Per Diem Add-on Amounts		•			: :						•
20 : Ef	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	: !	\$0.00	:
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10				42.00		: i	20.00	
22 N	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53		:			:	•		
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10			. :		· !	\$17.10	1		•
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.16	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.49	\$89.34	\$0.00	\$21.79	\$22.36	\$0.00	\$41.44	\$0.60	\$9.36	• • • • • • • • • • • • • • • • • • • •
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.29	<del></del>		·			<u> </u>	·		····

Provider: Thomson Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00143261A			owth Allowance:		18.37%			Overall CMI:	•	1,1378	1.3617
Case Mix Per Diem Rate Effective Date	: 8/14/2020	Q	trly BIMS score		5.5%			Medicaid CMI:		1.4124	1.4961
MDS & Nurse Hrs Data per Quarter Ending	: 03/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.68	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:		1.4355	1.5223
	1		Routine	Special	1 :	t	Plant	Admin	1100 OL DI	Property	Taxes
Line Description	Sources /	Totals	Services	: Services	Dietary	Laundry & Houskpag	Operatos	and	A&G- GL-PL Insurance	and	and
# :	Calculations					1 louanping	& Maint	General	msurance	Related	Insurance
		; a	<u>b</u>	С	d	е	<u>f</u>	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	4		1	:					:		
1 Cost Center Peer Groups	(see Policy Manual)		1	, 1	2	1	1	1	1		
Type of Facility within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group	4		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		ſ
Peer Group Standards & Efficiency Measure Limits		:		İ					1		1
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	!		,
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			,
Base Period Per Diem Allowed Amounts	•				1		:	1			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt. Rpt	\$5,744,749.00	\$2,887,297	: \$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	. \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)	ıl .	(\$35,652)	\$24,867
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	; \$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8 Total Nursing Facility Days As Fited Days = 43,939	FY12 Audited C/R Days	43,939	ı	1					1	*	(
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rot Days	‡ •		i				:	42,165		r
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54		\$13.64	\$0.57
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378		. :			1		******	:
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		. \$57.79	:							
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13 : Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57,79	\$0.00	\$16.22	\$17.09		\$13.54		8.43	\$0.57
		• •					!		-	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %										
15 Growth Allowance Percentage = 18.37%		\$19.23	\$10.62	\$0.00		\$3.14	\$0.00	\$2.49	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$135.23	\$68.41	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4355		į.						
18 : Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$98.20						1		:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$165.02	\$98.20	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
Quarterly Per Diem Add-on Amounts							!		1		
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$5.40	\$5.40					1		*	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95						:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	!				i	\$17,10	•		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.98	\$8.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	: Ln 19 + Ln 24	\$192.00	\$107.08	\$0.00		\$20.64	\$0.00	\$33.50	\$2.36	\$8.43	\$0.57
26 - Quarterly Per Diam Pate for Ped Held and Leave Page	(Ln 25 - Ln 23) * 0.75		:		<u> </u>		<u> </u>				
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(LN 25 - LN 23) U.75	\$131.18	i								

Provider: Tifton Health and Rehab Center Prydr ID: 00143294A		Add-on Data and I		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 36.3%	18.37% 2.5%			Overall CMI		1.4355	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Qu		3.00	3.0%	Ortrly Moaid	CMI w RUG	Medicaid CMI Wght Options		1.6344 1.6640	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS					1						
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2		:	i			
Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Free Standing	1 All Facilities	1 All Facilities	All Facilities	:		
Bod Sizo Range within Peer Group					All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits					1			:			
2 Peer Group Standards: Percentile	(see Policy Manual)	,	90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 , Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: 1		
Base Period Per Diem Allowed Amounts		,			1				4		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668.45	\$2,295,359	\$0	\$441,741	\$161.006	\$209,565	\$1,084,888	\$3,029	\$304.080	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0		\$0	\$0	(\$277,786	,	(\$30,668)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0		\$161,006	-	\$807,102	· :	\$273,412	\$30,668
8 Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601		•		4707,000	4220,000	: 4001,702	00,023	Ψ273, 412	. 400,000
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days	- 11007	!				1	•	32,660		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$13.98	\$11.73	: (with L&H)	\$25.54	1	\$8.65	\$0.97
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,4355			******			40.00	45.55	. 40.51
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60		:			:	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8.65	\$0.97
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i	\$20.56	1	N/A	40,0,
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60 ·	\$0.00	\$13.98	\$11.73		\$20.56	1 .	11,90	\$0.97
Quarterly Per Diem Rate Prior to Add-ons			;		: :		,		1	(FRV)	, , , , ,
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.80	£0.20	60.00					1		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$9.30 ; \$59.90 ;	\$0.00 \$0.00		\$2.15	\$0.00	\$3.78		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$127,03	1.6640	\$0.00	\$10.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11,90	\$0.97
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.67		1				1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.40	\$99.67	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
		¥107.40	, J.J.OF	40.00	\$10.55	913.00	φυ.υυ	\$24.54	\$0.08	311,90	\$0.97
Quarterly Per Diem Add-on Amounts	, , , , , , , , ,				,						,
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diern = 2.5% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$2.49	\$2.49					:	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99		:				1		:
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			i .			\$17.10	1	;	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ls 19 + Ln 24	\$191.14	\$105.68	\$0.00	\$16.77	\$14.29	\$0.00	\$41.44	\$0.09	\$11.90	\$0.97
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130,53		***************************************		***************************************	·	+	1		

Provider:	Tower Road Healthcare		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%		Base Period	Overall CMI	•	1.4452	1.3617
I	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	29.2%	1.0%	044.14		Medicaid CMI:		1.7995	1.4961
	MDS & Noise ras Data per Quarter Ending.	03/31/20 Nuise nou	is per on-one daylor	uanty incentive:	3.20	3.0%	цппу мсаю	CMI w RUG I	Wgnt Uptions:		1.8339	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	***************************************		а	b	С	d	е	f	9	. g	'n	i
CASE N	MIX BASED RATE CALCULATIONS											
	Center Peer Groups					1 2 1	_	1				
COSE	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Englisher	7 Free Standing	1 All Facilities	1 All Facilities	All Encilities			
: 1	Bed Size Range within Peer Group			All Bed Sizes		: All Bed Sizes	All Bed Sizes		All Bed Sizes			
Poor	Group Standards & Efficiency Measure Limits						, <u></u>		in Bod Digos	i i		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i i		
3 Peer	r Group Standards: Multiplier	(see Policy Manual)	;	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts								i	1		
5 As F	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435,35	\$3,614,570	\$0	\$652,801	\$289,111	\$444.765	\$1,459,904	\$56,650	\$290,634	\$0
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,207)	(\$47,672)	\$0		\$143	(\$345)	1 7 7		(\$54,872)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0		\$289,254	, , ,	\$1,360,783	\$56,650	\$235,762	\$54,872
8 T	otal Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40.246				<b>****</b>	0.1.7.1.0	41,000,100	400,000	4200,702	. 404,012
,	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days	75,2.15			1				41,585		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18,23	(with L&H)	\$33.81	\$1,36	\$5.86	\$1.36
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452	******	1	410.20	(1110) 2017	. 400.01	Ψ1.50	ψ0.00	. \$1.50
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13 Per	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56		N/A	
14 Basi	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131,71	\$61.33	\$0.00		\$18.23		\$20.56	4	12.65	\$1.36
: ! Ouart	terly Per Diem Rate Prior to Add-ons		•							1	(FRV)	
	with Allowance Percentage = 18.37%	Lo 14 x Grwth Allwng %	\$21.38	\$11.27	\$0.00	\$2.98	\$3.35	\$0.00	\$3.78	NICA	**/*	
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.09	\$72.60	\$0.00		\$3.35 \$21.58	\$0.00	\$3.78		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.05	1.8339	<b>40.00</b>	918.20	\$21,30	\$0.00	\$24,34	\$1.36	\$12.65	\$1.36
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.14				1	:	:		
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.63	\$133,14	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1,36	\$12.65	: \$1.36
	lasts Day Diam Add as Assessed									1	072.00	. 41.00
	terly Per Diem Add-on Amounts ciency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	40.00	20.14	***				
	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on			\$6.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Un 19 Col b x Stfng Add-on	\$1.33 \$3.99	\$1.33 \$3.99		1			:			
	sing Home Provider Fee	(Fixed Amount)	\$3.99 \$17.10	\$3.99		1				1		:
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.58	\$5.85	\$0.00	\$0.22	<i>m</i>	60.00	\$17.10	. !	<b></b>	
	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24				÷	\$0.41	\$0.00	\$17,10		\$0.00	\$0.00
20 Wudit	ieny Case mix Daseu Fei Dieili Rale	LII 19 T EII Z4	\$237.21	\$138.99	\$0.00	\$19.42	\$21.99	\$0.00	\$41,44	\$1.36	\$12.65	\$1.36
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.08									

Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description		ovider: Townsend Park H & R wdr ID: 00404995A  ME	Case Mix Per Diem Rate Effective Date: DS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou		wth Allowance: rly BIMS score	Score N/A 36.2% 3.66	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3657 1.3545 1.3740	State- wide 1.3617 1.4961 1.5223
CASE MIX BASED RATE CALCULATIONS   1		Description				Services		,		Operatns & Maint	and		and Related	and
All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All	CA	ASE MIX BASED RATE CALCUL	ATIONS		а	b	С	d	е	f	g	g	h	i
2   Peer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michigan   Feer Group Standards: Michi	1	Type of Facility within Peer Group		(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Spacial Serves Combined)	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs Kire Audit Adjustments 8 Ty12 Audited CIR Sy5,098,826 8 2,443,281 8 3 \$45,484 8 \$338,849 8 \$263,394 8 \$942,599 8 \$118,231 8 \$461,347 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$17,282 8 \$18,047 8 \$17,282 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$18,047 8 \$11,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$10,047 8 \$1		Base Period Per Diem Allowed Amoun	ts											
Total Nursing Facility Days   As Filed Days = 28.981   FY12 Audited CIP Days   29.981   FY12 Audited CIP Days   29.981   Total Nursing Facility Days (L.P.L. Ins. Rpt   As Filed Days = 4.002   FY13 Cult. File Rpt Days   29.981   Total Nursing Facility Days (L.P.L. Ins. Rpt   As Filed Days = 4.002   FY13 Cult. File Rpt Days   29.981   Total Nursing Facility Days (L.P.L. Ins. Rpt   As Filed Days = 4.002   FY13 Cult. File Rpt Days   29.981   Total Nursing Facility Days (L.P.L. Ins. Rpt   As Filed Days = 4.002   In 7 / Ln 8 Col a   \$172.82   \$84.58   \$0.00   \$15.71   \$20.79   (with LAH1)   \$32.55   \$2.88   \$15.93   \$0.60   \$85.77   \$80.00   \$15.71   \$20.79   \$32.55   \$2.88   \$15.93   \$0.60   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77   \$85.77	5	As Filed Cost Center Costs (Routine & S	Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696.39	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
8 Total Nursing Facility Days As Field Days = 28,961 Total Nursing Facility Days GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,002 F7 18 GLPL Ins. Ppt As Field Days = 1,0	_	Audit Adjustments and Reallocations to	Cost Center Costs	FY12 C/R Audit Adjstmts	\$149,130	\$167,177		\$0	\$0	\$0			(\$17,282)	
Total Nursing Facility Days GL-PL Ins. Rpt. As Filed Days = 41,002  9 Net Per Diems prior to Case Mix Adjust not Routine Srocs  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Routine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjust (CMA) Net Per Diem  1n Poutine Srocs Case Mix Adjusted Allowed Per Diem  2n Per Diem Standards (Allows Case Max Case Mix Adjusted Allowed Per Diem  2n Per Diem Standards (Allows Case Mix Adjusted Allowed Per Diem  2n Per Diem Rate Prior to Add-ons  3n Standard Silver Standards (Allows Case Mix Adjusted Allowed Per Diem Standards (Allows Case Mix Adjusted Allowed Per Diem Standards (Allows Case Mix Adjusted Allowed Per Diem Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows Case Mix Adjusted Allows	1 -	•	nts			\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs  Ln 7 / Ln 8 Cd a \$172.82 \$84.36 \$0.00 \$15.71 \$20.79 (with L8H) \$32.55 \$2.88 \$15.93 \$0.60 \$10 Base Period Facility Case Mix Index for All Residents from 4 girs of FV12 \$1.3657 \$11 Routine Srvcs Case Mix Adjist (CMA) Net Per Diem	8	0 , ,	, .	•	28,961									
Base Period Facility Case Mix Adjisted (DMA) Net Per Diem   Lin 3 / Lin 10   S61.77   S0.00   S15.71   S20.79   S22.55   S2.88   S15.93   S0.60   S15.71   S20.79   S20.55   S2.88   S15.93   S0.60   S15.71   S20.79   S20.55   S2.88   S15.93   S0.60   S15.71   S20.79   S20.55   S2.88   S15.93   S0.60   S15.71   S20.79   S20.55   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S15.71   S20.79   S20.56   S2.88   S15.93   S0.60   S2.89   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2.80   S2		Total Nursing Facility Days GL-PL Ins.	. Rpt As Filed Days = 41,002									,		
11   Routine Srives Case Mix Adjistd (CMA) Net Per Diem		· ·			\$172.82	*	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
12   Net Per Diems after Case Mix Adjistmit to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$61.77   \$0.00   \$15.71   \$20.79   \$32.55   \$2.88   \$15.93   \$0.60     13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Perior Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$134.71   \$61.77   \$0.00   \$15.71   \$20.79   \$20.56   \$0.00   N/A     14   Base Perior Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$134.71   \$61.77   \$0.00   \$15.71   \$20.79   \$20.56   \$0.00   N/A     15   Growth Allowance Percentage   18.37%   Ln 14 x Grwth Allwnc %   \$21.84   \$11.35   \$0.00   \$2.89   \$3.82   \$0.00   \$3.78   N/A   N/A     16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$156.55   \$73.12   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60     17   Quarterly Facility Case Mix Indig for Medicaid Residents   per Current Oif End   Ln 16 x Ln 17   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$		•		•										
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   Per Peer Group Limits   S71.51   S0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     24   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$134.71   \$61.77   \$0.00   \$15.71   \$20.79   \$20.56   \$2.88   12.40   \$0.60     35   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allowance Percentage = 18.37%   Ln 14 + Ln 15   \$156.55   \$73.12   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60     36   Growth Allowance Percentage = 18.37%   Ln 14 + Ln 15   \$156.55   \$73.12   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60     48   Growth Routine Srvcs Case Mix Adjist (CMA) Net Per Diem   Ln 16 x Ln 17   \$100.47   \$100.47     49   Quarterly Per Diem Add-on Amounts   Ln 19 Coll b x Sting Add-on   \$2.51   \$2.51   \$2.51   \$2.51   \$2.50   \$2.80   \$3.82   \$0.00   \$3.78   N/A   N/A   N/A     50   Quarterly Per Diem Add-on Amounts   Ln 16 x Ln 17   \$100.47   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60     60   Quarterly Per Diem Add-on Amounts   Ln 19 Coll b x Sting Add-on   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51   \$2.51		• • •												
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$134.71   \$61.77   \$0.00   \$15.71   \$20.79   \$20.56   \$2.88   12.40   \$0.60		•						· ·	*					\$0.60
Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Com				•	4404.74	•		· ·	*			· ·		40.00
15   Growth Allowance Percentage   18.37%   Ln 14 x Growth Allownc	14	Base Period Case Mix Adjusted Allowed	1 Per Diem	Lesser of Ln 12 of Ln 13	\$134.71	\$61.77	\$0.00	\$15./1	\$20.79		\$20.56	\$2.88		\$0.60
CMA Allowed Per Diem (After Growth Allowance Add-on)		•												
17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   Ln 16 x Ln 17   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$100.47   \$1		· ·			•	,	•	*	*	•			•	
18   Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem   Ln 16 x Ln 17   RS = Ln 18, AllOthr = Ln 16   \$183.90   \$100.47   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00		,	,		\$156.55		\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$183.90   \$100.47   \$0.00   \$18.60   \$24.61   \$0.00   \$24.34   \$2.88   \$12.40   \$0.60		· · · · · · · · · · · · · · · · · · ·		·										
Quarterly Per Diem Add-on Amounts         20       Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)       (see Policy Manual)       \$1.16       \$0.53       \$0.00       \$0.22       \$0.41       \$0.00       \$0.00         21       BIMS Add-on Per Diem =       2.5% (to Routine Srvs)       Ln 19 Col b x CPS Add-on       \$2.51       \$2.51         22       Nurse Staff Hrs / Quality Add-on Per Diem =       4.0% (to Routine Srvcs)       Ln 19 Col b x Stfng Add-on       \$4.02       \$4.02         23       Nursing Home Provider Fee       (Fixed Amount)       \$17.10       \$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         25       Quarterly Case Mix Based Per Diem Rate       Ln 19 + Ln 24       \$208.69       \$107.53       \$0.00       \$18.82       \$25.02       \$0.00       \$41.44       \$2.88       \$12.40       \$0.60					\$183.90		90.00	\$18.60	\$24.61	90.00	\$24.34	\$2.88	\$12.40	90.60
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, 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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$	10	·			ψ100.00	ψ100.47	ψ0.00	ψ10.00	Ψ24.01	ψ0.00	ΨΣ4.04	Ψ2.00	Ψ12.40	ψ0.00
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	00	•		(ann Delieu Manuel)	04.40	00.50	40.00	#0.00	00.44	<b>#0.00</b>	<b>#0.00</b>		<b>#0.00</b>	
22   Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)   Ln 19 Col b x Stfrig Add-on   \$4.02   \$4.02   \$4.02   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10   \$17.10		· · · · · · · · · · · · · · · · · · ·	* *	•	* -	•	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		•	TIII = 4.0% (to noutifile Sives)		·	\$4.02					¢17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$208.69 \$107.53 \$0.00 \$18.82 \$25.02 \$0.00 \$41.44 \$2.88 \$12.40 \$0.60		•	nts	, ,		\$7.06	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
		·			,		*****	**	*-	• • • • • • • • • • • • • • • • • • • •	,	***	****	*****
		•		(Ln 25 - Ln 23) * 0.75	\$143.69	7.100		7.5.32	<del></del>	700	Ţ	7=:30	¥ :=• • •	

Provider: Traditions Health & Rehab Prydr ID: 00143701A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hot		owth Allowance: thy BIMS score uality Incentive:	N/A 43.5% 3.67	18.37% 2.5% 3.0%	Qrtrly Meaid	Quarterly i	i Overali CMI; Medicaid CMI; Nght Options:		1,2904 1,5294 1,5523	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· .		а	b	c	d ·	е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS					:		:		:		
1 Cost Center Peer Groups	{see Policy Manual}			1	2	i	1		:		
Type of Facility within Peer Group	(see I blicy Manual)	:	All Facilities	•	Free Standina	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
Base Period Per Diem Allowed Amounts		:							1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760.37	\$4,706,424	\$0	\$841,310	\$494,651	\$448.988	\$924,613	\$173.818	\$676,956	: : \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,619)	(\$784)	\$0		\$0	\$0	(\$42,835)	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	(\$86,651)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0		\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8 Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007	:		1					******	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days	!							61,768		!
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.2904								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9	1	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	\$9.84	\$1.44
13 Per Diem Standards (After Statewide CMA for Rouline Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	İ
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	9.39	\$1.44
Quarterly Per Diem Rate Prior to Add-ons								İ		(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$19.33	\$11.16	\$0.00	\$2.58	\$2.89	\$0.00	\$2.70	N/A	bu/a	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.18	\$71.93	\$0.00		\$18.62	\$0.00	\$17,39	\$2.81	N/A \$9.39	N/A \$1.44
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0100.10	1.5523	\$0.00	. \$10.00	\$10.02	\$0.00	\$11,39	Φ2.01	\$9.59	\$1.44
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.66		: :				1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.91	\$111.66	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
Quarterly Per Diem Add-on Amounts	· ·	•					,			7	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)		****								
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.79	\$0.53 \$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3.35	\$2.79								
23 Nursing Home Provider Fee	(Fixed Amount)	\$0,00	<b>43.33</b>				I		: :		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.67	\$6.67	\$0.00	\$0.22	\$0.41	60.00	\$0.00	#A 00	** **	:
25   Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24						\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
	LII ID T ESI Z4	\$185.58	\$118.33	\$0.00	\$16.82	\$19.03	\$0.00	\$17.76	\$2.81	\$9.39	\$1.44
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.19	)								

	ovider: Treutlen County Health & Rehab		Add-on Data and I		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00143349A			wth Allowance:	N/A	18.37%			Overall CMI:		1.5628	1.3617
	Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>8/14/2020</b> 03/31/20 Nurse Hou	Qt rs per On-Site Day/Qu	trly BIMS score	60.5% 3.50	5.5% 4.0%	Ortrly Meaid	Quarterly N CMI w RUG V	Medicaid CMI:		1.6882 1.7205	1.4961 1.5223
	mbo a raiso ino bata por quarto. Entang.		.o por on one Day, at	adiity intoonaro.	0.00	1.070	Quanty invocate		· g optiono.		200	1.0220
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		<b>1</b> All Facilities	1 All Facilities	2 Free Standing	<b>1</b> All Facilities	<b>1</b> All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	rate		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762.44	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5628								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46	\$0.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.44	\$9.08	\$0.00	\$3.23	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$58.50	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	·	1.7205			•					
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.78	\$100.65	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	•	·	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.54 \$4.03	\$5.54 \$4.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ <del>4</del> .03					\$17.10			
23	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
	•	Ln 19 + Ln 24			• • • • • • • • • • • • • • • • • • • •		-		-			-
25	Quarterly Case Mix Based Per Diem Rate	LII 19 + LN 24	\$210.61	\$110.75	\$0.00	\$21.02	\$22.00	\$0.00	\$41.44	\$2.70	\$12.46	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.13									

Provider: Twin Fountains Home Pryor ID: 00142843A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A 54.8%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		1.0956 1.0739	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.25	3.0%	Ortdy Meaid		Wght Options:		1.0871	1,4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	c	đ	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS					: !		i Î	i 1			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	: 1		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits					i				:		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0%	1	105.0%	:		
4 Carolettoy Medicale Maximonia (see into 20 for actual)	(see Folicy (wantial)	:	\$0.53	\$0.00	3U.22	\$0.41	\$	\$0.37	1 :		
Base Period Per Diem Allowed Amounts		1			: !						
5 . As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364.00	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8 Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344			1				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days				i		t )	;	36,434		i
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12.17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	1	<u>1.0956</u>		1						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49				:		1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	1 1	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
Per Diem Standards (After Statewide CMA for Routine Strucs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20.56	\$1.63	10.53 (FRV)	\$0.30
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$22.54	\$13.14	\$0.00	\$3,38	\$2.24		£0.70			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$157.65	\$84.65	\$0.00	\$21.79	\$2.24 \$14.41	\$0.00 \$0.00	\$3.78 \$24.34	N/A	N/A	
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3137.03	1.0871	\$0.00	321,79	\$14.41	JU.UG	\$24.54	\$1.63	\$10.53	\$0.30
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.02		<u> </u>		•	1		:	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.02	\$92.02	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
Quarterly Per Diem Add-on Amounts							:		; ;		: !
20 Efficiency Add-on Per Diem ([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	1	\$0.00	!
21 BJMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.06	\$5.06						1		
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.76	\$2.76	:							
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: :			\$17.10	: :		:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.82	\$0.00	\$0.00	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.35	\$99.84	\$0.00	\$21.79	\$14.82	\$0.00	\$41.44	\$1.63	\$10.53	\$0.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.94		<b>V</b>			***		<del>*************************************</del>		ł.,

Provide Prvdr I			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIVOIT	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		with Allowance: trly BIMS score uality Incentive:	N/A 22.6% 4.37	18.37% 1.0% 3.0%	Ortrly Mcaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.2778 1.4318 1.4558	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	þ	C	d	е	f	9	g	h	i
CASE	E MIX BASED RATE CALCULATIONS					:		:		1		
1 Co	st Center Peer Groups	(see Policy Manual)		1	. 1		1	1				1
	Type of Facility within Peer Group	(see Folicy Manual)		. All Facilities	all Facilities	Hosp Based	T All Facilities	All Facilities	. All Facilities			:
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Pe	er Group Standards & Efficiency Measure Limits							1		i ·		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			!
	Peer Group Standards; Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	1	105.0%			
. 4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	<b>Y</b>	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	,		
Ba	se Period Per Diem Allowed Amounts			i								3
5 A	As Filed Cost Center Costs (Rouline & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275.00	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)	4	(\$15,041)	1
7 i c	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	1	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138						}		*******	.,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days				. :				30,367		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778		:						!
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73	!	:				1		•
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56	:	\$18.91	\$2.15	\$17.93	\$0.25
	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	•	\$71.51	\$0.00	\$29.15	\$23.09	•	\$20.56	\$0.00	N/A	:
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90	\$0.25
Qu	rarterly Per Diem Rate Prior to Add-ons		:			:					(FRV)	1
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.88	\$11.52	\$0.00	\$4.85	\$3.04	\$0.00	\$3.47	N/A	N/A	N/A
16 C	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00		\$2.15	\$18.90	: \$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4558			<b>4.0.00</b>			\$2.13	ψ10,30	90.20
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.09					1			
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.64	\$108.09	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
0	arterly Per Diem Add-on Amounts										•	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00		<b>#</b> 0.44			;	<b></b>	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.08	\$0.53 \$1.08	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$1.08				:	1			
	Aursing Home Provider Fee	(Fixed Amount)	\$17,10	45.24		:		:	\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
-	arterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$225.59	\$112.94	\$0.00	\$31.49	\$20.01	\$0.00	\$39.85	\$2.15	\$18.90	<del>                                     </del>
-	*			9114.34	\$0.00	331.48	\$20.01	20.00	\$39.85	\$2.15	\$18.90	\$0.25
26   <b>Q</b> u	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.37									

Case Mix Base Proof Case Marketing and Policial Marketing (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Policy Marvall)   Case Policy Marvall (see Pol	40000	ovider: Twin View Health Care vdr ID: 00040807A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020		wth Allowance: trly BIMS score	Facility Score N/A 31.3% 2.29	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2987 1.5749 1.6040	State- wide 1.3617 1.4961 1.5223
CASE MIX BASED RATE CALCULATIONS   1   1   1   1   1   1   1   1   1		Description			Services	Services			Operatns	and		and	Taxes and Insurance
Cool Center Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Group   Manual   Peer Gro	C	ASE MIV DASED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	1
Type of Facility within Five Crops Bed Stars Rev Within Fee Crops Bed Stars Rev Within Fee Crops Bed Stars Rev Within Fee Crops Standards & Efficiency Measure Limits   Peer Crops Standards & Efficiency Measure Limits   See Peer Crops Standards & Efficiency Measure Limits   See Peer Crops Standards & Efficiency Measure Limits   See Peer Crops Standards & Efficiency Measure Limits   See Peer Crops Standards & Efficiency Measure Limits   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Standards & Milestonia   See Peer Crops Sta	1 3	Programme and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	19										
2   Peer Group Situralization Processing   5   Peer Group Situralization Multiplier   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)   (see Peolsy Manual)	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
3   Peer Group Standards: Authorities   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls   100.0 mls													
Base Period Per Diem Allowed Amounts   toke Policy Manual)   S0.53   \$0.00   \$0.22   \$0.41   \$0.37   \$0.37   \$0.37   \$0.37   \$0.37   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41   \$0.41						100 00 00 00 00 00 00 00 00 00 00 00 00	1.77.77.77.						
Base Period Per Diem Allowed Amounts   As Fled CP12 CR = 17 2018 CLP Ret   \$3,486,37.69   \$1,767.082   \$0   \$285,702   \$18,332   \$484,426   \$533,172   \$359,249   \$18,342   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$348,435   \$3	0.00												
As Filed Cost Center Costs (Routine & Special Sines Combined) As Filed Crys Left Prize City Audited City Days Cost Center Costs (Refund) Adjustments and Reallocations to Cost Center Costs after Audit Adjustments and Reallocations to Cost Center Costs after Audit Adjustments FYI2 CRI Audit Adjustments FYI2 CRI Audit Adjustments FYI2 CRI Audit Adjustments FYI2 CRI Audit Adjustments FYI2 Audited Crib Days Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days Main Residents As Filed Days = 38,732 Total Nursing Facility Days Main Residents As Filed Days = 38,732 Total Nursing Facility Days Main Residents As Filed Days = 38,732 Total Nursing Home Provised File Act on Allowand Per Diem As Filed Days (Filed Andround Per Diem As Filed Days (Filed Andround Per Diem As Filed Days (Filed Andround Per Diem Add-on Announds As Filed Days (Filed Andround Per Diem Rate As Filed Days (Filed Andround Per Diem Rate As Filed Days (Filed Andround Per Diem Ra		Service Control of the Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of	1		40.00	<b>\$0.00</b>	- POILE	ψυ. τι		φυ.σ/			
Audit Adjustments and Reallocations to Cost Center Costs   FY12 CR Ausit Adjustments   S12,932   (891,481)   30   \$990   \$563   \$2,972   (800,069)   (844,41)   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$31   \$3	5		As Filed EV12 C/R -EV 2018 CI -PI Ret	\$2.406.257.60	\$1.767.000	60	6070 005	600F 700	<b>\$400.000</b>	\$404.400	****	4050.040	
Cost Center Costs After Audit Adjustments As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 38,732 Total Nursing Facility Days As Filed Days = 37,192  Net Per Diems prior to Case Mix Adjust to Routine Snocs Base Period Facility Case Mix Adjust (Park Deciments) Routine Snocs Case Mix Adjust (Park Deciments) Reserved Case Mix Adjust (Park Deciments) Reserved Case Mix Adjust (Park Deciments) Reserved Case Mix Adjust (Park Deciments) Reserved Case Mix Adjust (Park Deciments) Reserved Case Mix Adjust (Park Salewade CMA for Routine Snocs) Reserved Case Mix Adjust (Park Salewade CMA for Routine Snocs) Reserved Case Mix Adjust (Park Salewade CMA for Routine Snocs) Reserved Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 Reserved Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 Reserved Case Mix Adjusted Allowed Per Diem (Park Case Mix Adjust (Park Salewade CMA) for Routine Snocs) Reserved Case Mix Adjust (Park Salewade CMA) for Routine Snocs) Reserved Case Mix Adjust (Park Salewade CMA) for Routine Snocs Reserved Case Mix Adjust (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park Salewade CMA) for Routine Snocs (Park	0.00			(A)	- 200 march						100000000000000000000000000000000000000		\$0
As Field Days = 38.732 Total Nursing Facility Days GL-PL Ins. Rpt				182									\$31,504
Total Nursing Facility Days GL-PL Ins. Rpt	1	And the comment of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th			\$1,073,001	\$0	\$373,303	\$200,203	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
9   Nel Per Diems prior to Case Mix Adjistm to Routine Srvcs				00,702							37 192		
Base Period Facility Casse Mix Index for All Residents	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs		\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with I &H)	\$11.73		\$8.13	\$0.81
11   Routine Srives Case Mix Adjistd (CMA) Net Per Diem	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	, , , , , , ,		,		4.4.00	(11111/12011)	<b>41117</b>	ψο.σσ	\$0.10	ψ0.01
13   Per Diem Standards (Atter Statewide CMA for Routine Sives)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10										
13   Per Diem Standards (Alter Statewide CMA for Routine Sives)	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
Counterly Per Diem Rate Prior to Add-ons   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Add-on)   CMA Alloward Per Diem (After Growth Alloward Residents   DMA Alloward Per Diem (After Growth Alloward Residents   DMA Alloward Per Diem (After Growth Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem   CMA Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem (After Growth Alloward Per Diem Add-on Amount) (After Growth Alloward Per Diem Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (After Growth Alloward Per Diem Rate (Af	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		100000000000000000000000000000000000000	******
Courterly Per Diem Rate Prior to Add-ons   Convert Allowance Percentage   18.37%   Ln 14 x Grwth Allowance   S12.34   S6.12   S0.00   S1.80   S2.27   S0.00   S2.15   N/A   N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19	\$0.81
15   Growth Allowance Percentage = 18.37%		Quarterly Per Diem Rate Prior to Add-one								1 9000100		(FRV)	1000000000
CMA Allowed Per Diem (Alter Growth Allowance Add-on)	15	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Ln 14 x Grwth Allwnc %	\$12.34	\$6.12	\$0.00	\$1.80	\$2.27	\$0.00	\$2.15	N/A	N/A	N/A
17	16		Ln 14 + Ln 15	***************************************									\$0.81
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem  Ln 16 x Ln 17  RS = Ln 18, AllOthr = Ln 16  S112.22  S63.25  Quarterly Medicaid CMA Allowed Per Diem  Cuarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0)  Efficiency Add-on Per Diem = 2,5% (to Routine Srvcs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2,0% (to Routine Srvcs)  Nursing Home Provider Fee  (Fixed Amount)  Total Quarterly Per Diem Add-on Amounts  Sum of Lns 20 thru 23  S21.48  S3.38  S0.00  S11.60  \$14.60  \$0.00  \$13.88  \$0.89  \$7.19  \$0.00  \$0.37  \$0.00  \$0.37  \$0.00  \$0.37  \$0.00  \$0.00  \$0.37  \$0.00  \$0.00  \$0.00  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$17.10  \$	50.00		per Current Qtr End	\$55.10		φυ.σο	\$11.00	φ14.00	ψ0.00	ψ15.00	φυ.03	\$7.19	φυ.σι
19   Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$112.22   \$63.25   \$0.00   \$11.60   \$14.60   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.89   \$7.19   \$0.00   \$13.88   \$0.00   \$0.22   \$0.41   \$0.00   \$0.37   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00	18		Ln 16 x Ln 17										
Quarterly Per Diem Add-on Amounts         (see Policy Manual)         \$1.53         \$0.53         \$0.00         \$0.22         \$0.41         \$0.00         \$0.37         \$0.00           21         BIMS Add-on Per Diem =         2.5% (to Routine Srvs)         Ln 19 Col b x CPS Add-on         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.58         \$1.57         \$1.27         \$1.27         \$1.27         \$1.27         \$1.27         \$1.27         \$1.27         \$1.	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$112.22		\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
Efficiency Add-on Per Diem (IStnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.58 \$1.59 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27 \$1.27		0								,	,		****
BIMS Add-on Per Diem =   2.5% (to Routine Sives)   Ln 19 Col b x CPS Add-on   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58   \$1.58	20		(and Deline Manual)	04.50	20.50	****							
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives) Ln 19 Col b x String Add-on \$1.27 \$1.27  Nursing Home Provider Fee (Fixed Amount) \$17.10  24 Total Quarterly Per Diem Add-on Amounts \$21.48 \$3.38 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.0			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	100000000000000000000000000000000000000		\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.48 \$3.38 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$			A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	100000000000000000000000000000000000000	100000000000000000000000000000000000000								
24 Total Quarterly Per Diem Add-on Amounts	1		1000 000 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500 to 500		\$1.27					647.40			
25 Quarterly Case Mix Based Per Diem Rate			1	100000000000000000000000000000000000000	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	0.800-0.000	\$0.00	60.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$87.45  27 Minimum Quarterly Case Mix Based Per Diem Rate \$147.00		*							50000000				\$0.00
	-				400.00	\$5.00	V11.02	\$13.01	\$0.00	\$51,35	90.09	\$1.15	\$0.01
	27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 27 - Ln 23) * 0.75 \$97.43	28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43	1								

Provider: Union County Nursing Home Prydr ID: 00143415A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: Itrly BIMS score Luality Incentive:	N/A 36.4% 3.52	18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI Medicaid CMI Wght Options	:	1,1218 1,2499 1,2732	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
; 		<u>a</u>	b	С С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS			i				· ·				,
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	. 1	1	1	1			1
Type of Facility within Peer Group	. (accir only manuary	1	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group	•		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits							1	1	1		1
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90,0%	90.0%	85.0%		50.0%	1 .		i
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	İ	105.0%	i		!
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	İ	\$0.37	1		
Base Period Per Diem Allowed Amounts			i .		: :		1				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$9,035,735.96	\$4,745,381	· \$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$189,908)			\$113	\$3,623	\$3,403	(\$121,620		(\$15,843)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828		\$0	1	\$478,767	\$650,048		•	\$534,106	\$0
8 Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965				******		.,,,,,,,,,	01.0,010	4001,100	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days				:			}	52,874		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163,97	\$86.83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	1 .	\$9.90	\$0.00
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	*	1.1218		: :					<b>4</b> 2.42	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40	:	:		Y .	i	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	4	\$77.40	\$0.00	\$23.62	\$20.92	1	\$20,43	\$2.27	\$9.90	\$0.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	:	\$20.56	1 .	N/A	1
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92		\$20.43		11.71	\$0.00
Quarterly Per Diem Rate Prior to Add-ons		1		:	1 :					(FRV)	!
15 Growth Allowance Percentage = 18.37%	Łn 14 x Grwth Allwnc %	\$25.07	\$13,14	\$0.00	\$4.34	<b>C2 04</b>					
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.53	\$84.65	\$0.00	\$27.96	\$3.84 \$24.76	\$0.00	\$3.75	1	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$175.55	1.2732	\$0.00	327.90	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$107.78								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.66	\$107.78	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
Donat D. Dr. All						<b>4</b>		, 42,7,10	1	<b>\$77.71</b>	
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem (IStnd - Alvell x 75 up to max or 0)	(see Policy Manual)										
,,,,	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	İ
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69					1	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$3.23	\$3.23		•		:				! !
23 Nulsing nome Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10	1	_	!
		\$23.75	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	1	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.41	\$113.70	\$0.00	\$28.18	\$25.17	\$0.00	\$41.38	\$2.27	\$11.71	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.98	:								·

Per: University Nursing and Rehab Center D: 00140533A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Ad 08/14/20 03/31/20 Nurse Hours per	Qtr	vth Allowance: rly BIMS score	21.5%	Add-on Percent 18.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4327 1.4732 1.4981	State- wide 1.4014 1.4961 1.5223
Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
MIX BASED RATE CALCULATIONS											
st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
se Period Per Diem Allowed Amounts											
Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1.878.812	so.	\$254.029	\$134,931	\$141.835	\$678,738	\$10.987	\$329,761	\$0
dit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47.018)	2500345.502	(\$12,931)	\$14,615
ost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558		\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10.987	\$316,830	\$14,615
Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905		1.000		100000000000000000000000000000000000000				77.3,323	***************************************
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327								**
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86
er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45	\$0.86
arterly Per Diem Rate Prior to Add-ons										(FRV)	
owth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$23.70	\$13.47	\$0.00	\$2.76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.36	\$86.78	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4981								
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.01								
arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.59	\$130.01	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
arterly Per Diem Add-on Amounts											
liciency 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	
MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30	\$5.00	Ψ0.22	Ψ0.41	Ψ0.00	Ψ0.00		φ0.00	
rrse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.22	\$133.91	\$0.00	\$18.01	\$20.13	\$0.00	\$45.53	\$0.33		\$0.86
arterly Case Mix Bas	ed Per Diem Rate	ed Per Diem Rate Ln 19 + Ln 24	ed Per Diem Rate Ln 19 + Ln 24 \$226.22	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00 \$18.01	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00 \$18.01 \$20.13	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00 \$18.01 \$20.13 \$0.00	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00 \$18.01 \$20.13 \$0.00 \$45.53	ed Per Diem Rate Ln 19 + Ln 24 \$226.22 \$133.91 \$0.00 \$18.01 \$20.13 \$0.00 \$45.53 \$0.33	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$156.84

(Ln 25 - Ln 23) \* 0.75

P	rovider: Vista Park Health and Rehab rydr ID; 00142931A H/B ?: No Case Mix Per Diem Rate Effective Date:	08/14/20	Add-on D	ata and Percentages Growth Allowance: BIMS:	Facility Score N/A 40.2%	Add-on Percent 18.37% 2.5%			(CMI) Data iod Overali CMI; ly Medicaid CMI;		Facility Specific 1.4571 1.5983	State- wide 1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 N	lurse Hours per On-Sit	e Day/Quality Incentive;	3.38	2.0%	Ortrly Me		G Wght Options:		1.6258	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<b>-</b>			a	b	СС	d	8	<u>f</u> .	<u> </u>		h	i
CA CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multipfier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL-Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. R FY2018 GL-PL Ins. R FY 2012 Peer Group Li	pt	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.6258 \$130.73	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	:	\$21.77 \$21.77 \$21.77 (FRV Rale)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% .o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$226.39 \$3.27 \$2.61 \$17.10 \$22.98	\$130.73 \$3.27 \$2.61		\$20.70	\$25.97		\$23.12 17.10	\$3.68	\$21.77	\$0.42
	Quarterly Case Mix Based Per Diem Rate		\$249.37	\$136.61		\$20.70	\$25.97		\$40.22	\$3.68	\$21,77	\$0.42
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$174.20										

Provider: Warm Springs Med. Ctr. NH 00141952A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State- wide
			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.1001	1,3617
		8/14/2020		trly BIMS score	40.0%	2.5%	Quarterly Medicaid CMI:				1.0260	1.4961
		03/31/20 Nurse H	Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:				1.0389	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ь	С	d	е	f	9	g	h	<u> </u>
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS							:	ì			
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	1	1	1	: 1	1		
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			:
į	Bed Size Range within Peer Group		1	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits								i			
2	Peer Group Standards: Percentile	(see Policy Manual)	*	90.0%	90.0%	90.0%	85.0%	}	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	* *	100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			1
:	Base Period Per Diem Allowed Amounts		:			: :				1 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,845,929.50	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)	,	\$298,258	) : \$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,828,695	\$1,710,029	\$0	\$566,162	\$325,090	\$388,274	\$515,177	\$25,705	\$298,258	\$ \$0
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516							1		i
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL ins Rpt Days	;	:				:		26,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.1001				1		1		
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49				di i		÷ .		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$56.49	\$0.00	\$20.58	\$25.93		\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	i	\$71.51	\$0.00	\$29.15	\$23.09	: i	\$20.56	\$0.00	N/A	4
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons							ś		1 :	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.84	\$10.38	\$0.00	\$3,78	\$4.24	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.95	\$66.87	\$0.00		\$27.33	\$0.00	\$22.16	1 6	\$10.26	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0389		424.00	Q27.00	30.00	Ψ22.10	40.57	\$10.20	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.47	:				!	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$154.55	\$69.47	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
	Quarterly Per Diem Add-on Amounts		•					i .				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	:	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74	:	. 40.22	.00.00	90.00	φυ.37	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.08	\$2.08				!	1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$4.35	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	\$0.00	\$0.00
25 ;	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.59	\$73.82	\$0.00		\$27.33	\$0.00	÷	\$0.97	\$10.26	
26	Outstale Par Dies Bate Co Deal Valland I am D	4-00 1-00 40 77			:				+00.00		¥10.20	
20	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.62	:								

	rovider: Warner Robins Rehab & Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
P	rvdr ID: 00141303A	-4		wth Allowance:	N/A	18.37%			d Overall CMI:		1.5459	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	24.7% 3.08	1.0% 2.0%	Oad Marca		Medicaid CMI:		1.5758	1.4961
	mbo a rosse ris bata per adarter Ending.	1033 1120 1100:	is per on-one bayron	dany moentive.	3.00	2,076	Orthy Mcald	CMI w RUG \	vvgnt Options:		1.6025	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	b	C	đ	e	f	9	g	h	<del>                                     </del>
С	ASE MIX BASED RATE CALCULATIONS	İ										
1	Cost Center Peer Groups	(see Policy Manual)		. 1		2			İ	1		
	Type of Facility within Peer Group	(see Policy Manual)		. 1 All Fecilities	All Facilities	:	1	1	1 115	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			1
	Peer Group Standards & Efficiency Measure Limits						200 0.202	, ,	The Bob Oiles			:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	į.	105.0%			•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37	1		
	Base Period Per Diem Allowed Amounts	·										
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,541,365,15	\$3.069.052	\$0	\$662,018	\$347,953	\$450,378	: : \$1,243,288	\$132,171	\$636,505	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1.597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	-
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0		\$350,287		\$1,113,819		\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43.304	40,020,011		4000,010	4050,201	Q400,033	\$1,115,015	\$102,171	060,016	φυ2,υοι
	Total Nursing Facility Days GL-Pt, Ins., Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days	10,00			:		!	1	39,637		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72		\$13.36	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	7.1.122	1.5459	******		\$10.00	111117 22117	ΨΕΟ.ΤΕ.	45.55	<b>\$13.30</b>	. \$1.40
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20				l	1	1		
12		RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56	1	\$25.72	\$3.33	\$13.36	\$1,43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112,68	\$45.20	\$0.00	\$15.32	\$18,56		\$20.56		8.28	\$1.43
	Constant Book Bridge Add and					1	*				(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	***			1 1		i	_	1		:
16		Ln 14 + Ln 15	\$18.30	\$8.30	\$0.00		\$3.41	\$0.00	\$3.78	1	N/A	· N/A
17		per Current Qtr End	\$130.98	\$53.50	\$0.00	\$18.13	\$21,97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
18		per Current Otr End En 16 x Ln 17		1.6025				1				:
19		RS = Ln 18, AliOthr = Ln 16	\$163.21 ;	\$85.73 \$85.73	***	240.40	***					
	doctory medical of one of order	NO - EN 10, AllOlli 4 EN 18	\$103.21	\$65.73	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
	Quarterly Per Diem Add-on Amounts							!				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71				t				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.83	\$3.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.04	\$88.83	\$0.00	\$18.35	\$22.38	\$0.00	\$41.44	\$3.33	\$8.28	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.21			1		<u> </u>		<del>.i</del>		
		(En Ed-En Ed) U.15	\$123,21									

Provi Prvdi			Add-on Data and		Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIVU	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		wth Allowance: trly BIMS score uality Incentive:	32.1% 2.34	18.37% 2.5% 1.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3956 1.6600 1.6923	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS					: !			i			: !
1 0	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1					
	Type of Facility within Peer Group	(see Foncy Manual)	*	All Facilities		Free Standina	1 All Facilities	·	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	i	All Bed Sizes	1		
p	Peer Group Standards & Efficiency Measure Limits					:						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	† :	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
β	Base Period Per Diem Allowed Amounts		:			1		:				
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244,06	\$2,065,450	S0	\$414,198	\$270.244	\$291,109	\$508,116	\$14,765	\$350,362	: \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0		\$0	(\$286)			(\$30,783)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0		\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,240
8 :	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472		•		4210,211	<b>Q</b> 2.30,023	4400,000	\$14,700	610,6100	902,240
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days				1		ı		25,255		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141,83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11.63	\$1,17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3956		: 1	•	1			• • • • • • • • • • • • • • • • • • • •	
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87		: !			!	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	Y .	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1,17
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	)
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00		\$20.42		\$17.84	\$0.58	7.95	\$1,17
_	North Bar Biran Bata Bata Add					1					(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Allwiic %	\$19.69 \$136.53	\$9.90 \$63.77	\$0.00 \$0.00		\$3,75	\$0.00	\$3.28	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.53		\$0.00	\$17,77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6923 \$107.92				į	•			
19 ;	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.68	\$107.92	\$0.00	\$17.77	\$24,17	\$0.00	\$21.12	\$0.58	\$7.95	
			. \$100.00	ψ101.3Z	\$0.00	917-27	₽24,17	φυ.υυ	ΦΔ1.12	\$0.08	\$7.95	\$1.17
1	Quarterly Per Diem Add-on Amounts								:	:		
20 :	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70		:		l				
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.08	\$1.08		:			;			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					i I	\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.09	\$112.23	\$0.00	\$17.99	\$24.58	\$0.00	\$38.59	\$0.58	\$7.95	\$1.17
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.49						·	***		

Provider: Washington County ECF		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
Prvdr ID: 00143481A  Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2193	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		Q Hours per On-Site Day/Q	trly BIMS score uality Incentive:	32.6% 3.96	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG!	Medicald CMI: Wght Options:		1.1466 1.1634	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		, а	b	C	d	е	f	g	9	h	1
CASE MIX BASED RATE CALCULATIONS					:		:		: .		
1 Cost Center Peer Groups	(see Policy Manual)	1	1	1	1	1	1	: 1	:		
Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	**************************************							1			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	:				İ.,				1		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL F	Rpt \$3,373,156.54	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	: \$(
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)		\$0		\$23,828	\$2,360	\$44,850	<b>42-1,000</b>	(\$8,108)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984			\$274,946	1	\$459,100	\$24,556	\$116,587	\$5,26
8 Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174			-	421 1,010	4222,572	Q-100, 100	\$24,550	\$110,501	93,20
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days	1					!		20,995		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	\$23,52	(with L&H)	\$21,68		\$5.51	\$0.2
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2193			420.00	,		<b>\$1.11</b>	Ψ3.31	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27					:	1		;
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52	1	\$21.68	\$1.17	\$5.51	\$0.2
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	1
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00		\$23.09	1	\$20.56	\$1,17	9.87	\$0.2
Quarterly Per Diem Rate Prior to Add-ons	r F				1					(FRV)	<b>\$0.2.</b>
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.69	\$11.99	\$0.00	\$4.68	\$4.24	\$0.00	\$3.78	N/A	<b>.</b>	
16 CMA Allowed Per Dierri (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$77.26	\$0.00		\$27.33	\$0.00	\$24.34		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.01	1.1634	\$0.00	\$30.13	\$21.33	\$0.00	\$24.54	\$1.17	\$9.87	\$0.2
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.88				:	1			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$182.99	\$89.88	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1,17	\$9.87	\$0.2
Quarterly Per Diem Add-on Amounts	1	· ·									1274
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25	72.00		C0.00		ψυ.υυ	1	φ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem ( 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.70	\$2.70		1			1	1		!
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.79	\$95.36	\$0.00	\$30.37	\$27.33	\$0.00	\$41.44	\$1.17	\$9.87	\$0.2
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.52			i		i				

Provider:	<b>/</b>		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID:	00143459A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: driy BIMS score uality Incentive:	N/A 26.8% 3.44	18.37% 1.0% 3.0%	Ortrly Mealo		d Overall CMI: Medicald CMI: Wght Options:		1.2974 1.5145 1.5408	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·			а	b	С	j d :	e	f	g	9	h	i
CASE I	MIX BASED RATE CALCULATIONS			!	ı			İ		!		
1 Cost	Center Peer Groups	(see Policy Manual)			. 1	. ,	1	1		1		
	Type of Facility within Peer Group	(See Folloy Maridary		All Facilities	All Facilities	_	All Facilities	All Facilities	All Facilities	1		í
	Bed Size Range within Peer Group					All Bed Sizes	All Bod Sizes	All Bed Sizes				
Poor	Group Standards & Efficiency Measure Limits	:		i		:		:				
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	er Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			i
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
Base	Period Per Diem Allowed Amounts			1				•	i			!
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,599.55	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	S.(
	tit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrats	(\$15,947)	\$0	\$0	1 1 1	\$100,251	\$0	(\$16,433)			
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	**	\$188,251	\$222,777	\$454,754		(\$18,980)	\$19,46
	Fotal Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933	91,779,302	. 90	φ420,000 .	3:00,231	\$222,777	\$454,754	\$66,979	\$211,931	\$19,46
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-Pt Ins Rpt Days	20,000			1 :		1	1	04.054		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	640.00	24,654	47.47	
	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$120.25	1.2974	\$0.00	\$15.00	\$10.20	(Milit Cols)	\$16.88	\$3,61	\$7.87	\$0.72
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94				1				
	Per Diems after Case Mix Adistmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26	:		1		
	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51				I .	\$16.88		\$7.87	\$0.7
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66		\$0.00	1	\$23.09	1	\$20.56		N/A	
14 003	to the dase was reposed repowed the Dietil	202361 05 211 12 05 211 13	\$110.00	\$50.94	\$0.00	\$15.80	\$15.26	1	\$16.88	\$3.61	7.45	\$0.7
Quart	terly Per Diem Rate Prior to Add-ons							:	ì	1	(FRV)	
15 Gro	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.36	\$0.00	\$2.90	\$2.80	\$0.00	\$3.10	N/A	N/A	N/A
16 CM	A Allowed Per Diem (After Growth Allowance Add-on)	Lл 14 + Ln 15	\$128.82	\$60.30	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.7
17 C	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5408	:						*****	
18 C	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.91					1	i .		
19   Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.43	\$92.91	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.7
: : : Ouert	terly Per Diem Add-on Amounts	:						:				
	ciency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.00	<b>6</b> 0.44		60.00			1
	IS Add-on Per Diem = 1,0% (to Routine Srvs)		\$0.93	\$0.93	. \$U.UU	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Lis 19 Col b x Sting Add-on	\$0.93 \$2.79			: :						
	sing Home Provider Fee	(Fixed Amount)		\$2.79					647.15			•
	al Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$17.10 \$22.35				** **		\$17.10			4.
·				\$4.25	\$0.00		\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
. 20 , wuan	terly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$183.78	\$97.16	\$0.00	\$18.92	\$18.47	\$0.00	\$37.45	\$3.61	\$7.45	\$0.72
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.01									

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II	D: 00142359A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Hou		with Allowance: Irly BIMS score uality Incentive:	N/A 46.3% 4.07	18.37% 5.5% 3.0%	Ortrly Mcaid	Quarterly f	d Overall CMI: Medicaid CMI: Wght Options:		1.0621 1.0405 1.0516	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
- ;			а	b	С	d	е	f	: g	i g	ħ	1
CASE	MIX BASED RATE CALCULATIONS							1				
	st Center Peer Groups			-				:				}
i Cos	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	. 1 All Facilities	Hosp Based	1	1				:
1	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Poo	er Group Standards & Efficiency Measure Limits			:		:	7.1. 200 0.200	:	7111 DOG ONZES	İ		\$
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	: 	\$0.37			1
Bas	se Period Per Diem Allowed Amounts					1			}			
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913.00	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806.941	\$2,925,067	\$177.092	\$2,370,204	; ; \$(
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$332,707)	(\$313,898)	. \$0 : \$0	1 1 1 1	\$2,261	\$24,126	(\$43,080)	\$117,092	\$2,370,204	-
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206			\$2,188,701	\$890,714		\$2,881,987	\$177,092	\$2,370,204	, ,
8	Total Nursing Facility Days As Filed Days = 63,718	FY12 Audited C/R Days	63,718	. 40,070,771	. 40	\$2,100,101	ф030,) (4	\$001,007	\$2,001,301	\$111,092	\$2,310,204	31
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days	25,110		i	:		1		61,473		1
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621			<b>\$21.02</b>	. (************************************	, 043.25	32.00	\$37.20	φυ.υι
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77		:				' 1		1
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34,35	\$27.02		\$45,23	\$2.88	\$37.20	\$0.00
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	40.00
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	1 1	\$23.09	:	\$20.56	\$2.88	8,43	\$0.0
:	and B. B. B. B.	:					******			i	(FRV)	
	arterly Per Diem Rate Prior to Add-ons rowth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %										
		Ln 14 x Green Alienc %	\$26.51	\$13.14	\$0.00		\$4.24	\$0.00	\$3.78		N/A	· N/A
1 1	MA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Citr End	\$182.13	\$84,65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.0516				) 1				
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.50	\$89.02 \$89.02	\$0.00	\$34.50	#A7 AA			40.00		
	outerly incooding constrainted to the plant	110 - Eli 10, Alloui - Eli 10	\$100.50	\$69.02	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
	arterly Per Diem Add-on Amounts					1		:		1		
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	,	\$0.00	1
	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.90	\$4.90						;		
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67		1						[
	ursing Home Provider Fee	(Fixed Amount)	\$0.00			1			\$0.00	l .		•
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.57	\$7.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.07	\$96.59	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.55			· I		<u>.</u>		<u> </u>		4
		<b>,</b>	Ţ									

Provider:	,,		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
Prvar IU:	Case Mix Per Diem Rate Effective Date:	8/14/2020		wth Allowance: trly BIMS score	N/A	18.37%			Overall CMI:		1.2886	1,3617
į.	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		40.3% 3.72	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1,4542 1,4822	1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	ь	C	ď	е	f	9	q	h	i
CASE	MIX BASED RATE CALCULATIONS									!		
. 1	Center Peer Groups	(see Policy Manual)		1	1	2			i			
	Type of Facility within Peer Group	(see Folicy Mandai)	i :	All Facilities	: I All Facilities	: - :	1 All Facilities	1 All Facilities	All Facilities	1 1		
١	Bed Size Range within Peer Group		!	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits									1		,
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	1		
4 Effi	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	· ·	\$0.53	\$0.00	\$0.22	\$0.41	}	\$0.37	1		
Base	Period Per Diem Allowed Amounts			:						1		:
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204.00	\$4,760,679	50	\$991,199	\$601.647	\$631.055	\$1,039,305	\$143,697	\$579,622	\$0
6 Auc	fit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$226,908)	(\$33,605)	\$0	1	\$466	(\$9,971)			(\$87,467)	
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	50		\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
¹ 8 ∶ T	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567	,	**		4002,110	4027,001	4501,400	0140,001	5-32,105	. 400,000
ļ . T	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days				1			:	56,920		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1,45
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.2886	•	1	4	,	410.00	02.02	40.00	. 41,75
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$66.02		i :		1		1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	N/A	. Ψ1.40
	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.25	\$66.02	\$0.00		\$22.01	i	\$15.50	\$2.52	9.90	\$1.45
	facts Dan Diam Date Water to Add and					: :				i <b>72.02</b> i	(FRV)	
	terly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	****							1		
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 ± Grwin Allwric 76	\$22.30	\$12.13	\$0.00		\$4.04		\$2.85	N/A	N/A	
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$157.55	\$78.15	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
	Ordright Pacinity Case Mix Hidex for Medicalo Residents Ordright Routine Strucs Case Mix Adjust (CMA) Net Per Diem	Ln 16 x Ln 17	:	1.4822				:		1		
	erterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	E400 00	\$115.83	50.00	604.40	700 nm					
		No - En 10, Augus - En 10	\$195.23	\$115.83	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$ <b>1.4</b> 5
	terly Per Diem Add-on Amounts											
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90				•	•	1		!
	se Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.47	\$3.47					i .	1		
	sing Home Provider Fee	(Fixed Amount)	\$17.10	;		:			\$17.10	1		İ
24 Tota	al 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 Quart	terly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$220.23	\$122.73	\$0.00	\$21.35	\$26.46	\$0.00	\$35.82	\$2.52	\$9.90	\$1.45
26 : Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152,35	·				÷		·		<u> </u>

	/IcDonough, Inc		Add-on Data and		Facility Score	Add-on Percent	Case	Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00143525A	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: trly BIMS score	N/A	18.37%			Overall CMI:		1.2827	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ນ s per On-Site Day/Q		42.2% 3.84	2.5% 3.0%	Ortrly Moaid		/ledicaid CMI; Vght Options;		1,4623 1,4902	1.4961 1.5223
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		;		ь	C	d	е	f	a	q	h	insulance
CASE MIX BASED RATE CAL	CIII ATIONS					i .		· · · · · · · · · · · · · · · · · · ·	9	9		<u> </u>
1 Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1				
Type of Facility within Peer Gro	оир	(Sud / Oney (Manual)		All Facilities		Free Standina	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Gr				All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i .		
Peer Group Standards & Efficien	icv Measure Limits					1			- " -	4		
2 Peer Group Standards: Percentil		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (	(see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed A	amounts					. :	:		I			:
5 As Filed Cost Center Costs (Roo	utine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469.00	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6 Audit Adjustments and Reallocati	ions to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209.225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)			(\$80,933)	1
7 Cost Center Costs After Audit Ad	ljustments	FY12 Audited C/R	\$8,418,244	\$4,511,119		\$1,110,254	\$604,537	\$600,699	\$762,306	1	\$627,419	\$73,776
8 Total Nursing Facility Days	As Filed Days = 54,323	FY12 Audited C/R Days	54,323		-		400 (,007	4050,000	4102,000	<b>VIZO, 104</b>	\$0£7,413	\$13,170
Total Nursing Facility Days GL	-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days	,	:		1				52.298		
9 Net Per Diems prior to Case Mix	Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20,44	\$22,19	(with L&H)	\$14.03	\$2,45	\$11.55	\$1.36
10 Base Period Facility Case Mix	Index for All Residents	from 4 qtrs of FY12		1.2827	•		<b>7</b>	(	\$1,500	02.1-0	\$11.00	
11 Routine Srvcs Case Mix Adjsto	d (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12 Net Per Diems after Case Mix Ac	ljstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20,44	\$22,19		\$14.03	\$2,45	\$11.55	\$1,36
13 : Per Diem Standards (After Statewi	ide CMA for Routine Srvcs}	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted /	Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0.00		\$22.19		\$14.03		9.42	
		: •			*****				<b>4.4.00</b>	<b>42.73</b>	(FRV)	
Quarterly Per Diem Rate Prior to		Land And Constitution of the										i :
<ul> <li>15 Growth Allowance Percentage =</li> <li>16 CMA Allowed Per Diem (After Groven)</li> </ul>		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$21.93	\$11.89	\$0.00		\$4.08	\$0.00	\$2.58	N/A	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	•		\$154.53	\$76.63	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
	<del></del>	per Current Qtr End		1.4902		i						•
18 Ortrly Routine Srvcs Case Mix 19 Quarterly Medicaid CMA Allowed		Ln 16 x Ln 17		\$114.19		: 1	1					:
19 Quarterly Medicaid CMA Allowed	Per Diem	RS = Ln 18, AliOthr = Ln 16	\$192.09	\$114.19	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
Quarterly Per Diem Add-on Amo	unts					1						:
20 Efficiency Add-on Per Diem ([Str	nd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	1	\$0.00	i
21 BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85			<del></del>				\$3.00	
22 Nurse Staff Hrs / Quality Add-on	Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43		: 1						:
23 Nursing Home Provider Fee	·	(Fixed Amount)	\$17.10			1			\$17,10	1		
24 Total Quarterly Per Diem Add-on	Amounts	Sum of Lns 20 thru 23	\$24.69	\$6.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Di	iem Rate	Ln 19 + £n 24	\$216.78	\$121.00	\$0.00	\$21.79	\$26.68	\$0.00	\$34.08	\$2.45	\$9.42	·
26 : Quarterly Per Diem Rate for Bed	Hold and I eave Days	(Ln 25 - Ln 23) * 0.75	\$149.76						1		75.42	÷

Provider: Prvdr ID:			Add-on Data and	·····	Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
FIVOI ID.	Case Mix Per Diem Rate Effective Date		Q	owth Allowance: Itrly BIMS score	N/A 44.1%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.1885 1.5676	1.3617 1.4961
ı	MDS & Nurse Hrs Data per Quarter Ending	: 03/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.62	3.0%	Ortrly Moaid	CMI w RUG I	Wght Options:		1.5979	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		:	a	b	С	d	e	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS			:						1		
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	; ; •	1		1
1 7	Type of Facility within Peer Group	(See I Dicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
i i	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	(	All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits					1						
2 Pee	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts					: ;				:		,
5 Asl	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,695,334.00	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	. \$0
6 Aud	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)	1	(\$97,556)	\$91,327
7   Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306		\$1,093,721	\$142,847	\$231,502	\$91,327
8 : T	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664	:				1	1		. ,	
, T	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days				;		:	1	67,751		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2,11	\$3.37	\$1.33
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1885		1			1	:		•
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53		: 1						
12 : Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$58,53	\$0.00	\$14.62	\$16.89	•	\$15.93	\$2,11	\$3.37	\$1.33
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	1
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89	1	\$15.93	\$2.11	10.79	\$1.33
Ouad	terly Per Diem Rate Prior to Add-ons	•		:		1		:	!		(FRV)	
1 1	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.47	\$10.75	\$0.00	\$2.69	\$3,10	\$0.00	\$2.93	N/A	1114	
1	IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.67	\$69.28	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	N/A \$10.79	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$103.01	1.5979	\$0.00	317.31	\$19,99	\$0.00	\$10.00	\$2.11	\$10.79	\$1.33
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.70		: :						
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$181.09	\$110.70	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	. \$1.33
	Andre Brown Add on A consider	•		:			******		1		<b>4.0</b>	
	terly Per Diem Add-on Amounts ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.52		60.00		÷5.44					•
	AS Add-on Per Diem = 2.5% (to Routine Srvs)	` ' '	\$1.53 \$2.77	\$0.53 \$2.77	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Saves)	Ln 19 Col b x Sting Add-on	\$2.77 \$3.32	\$3.32		1				. :		
r -	rsing Home Provider Fee	(Fixed Amount)	\$3.32 \$17.10	\$3.32				:	667.40	; ·		1
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$24.72	\$6.62	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.47	1	#0.00	
·	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$24.72	\$117.32	\$0.00	\$17.53		·	·	\$0.00	\$0.00	\$0.00
LU WIGHT	tery vose mix bosed fer breit rate	Cit (3 + Cit Z4	\$205.81	\$117.32	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
26 : Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.53	:								

Provider: Prvdr ID:		08/14/20		wth Allowance: rly BIMS score	37.1%	Add-on Percent 18.37% 2.5% 3.0%			Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.3564 1.3441 1.3657	State- wide 1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CACE	IIV DACED DATE CALCULATIONS											

ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81	\$2.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.31	\$10.70	\$0.00	\$2.53	\$3.77	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.86	\$68.96	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3657								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.08	\$94.18	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$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	\$23.44	\$5.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.52	\$99.89	\$0.00	\$16.53	\$24.69	\$0.00	\$44.87	\$4.30	\$7.81	\$2.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.57									

	ovider: Westview Nursing & Rehab Center vdr ID: 00143536A  Case Mix Per Diem Rate Effective Date		Qt	wth Allowance: rly BIMS score	Facility Score N/A 27.1%	Add-on Percent 18.37% 1.0%		Quarterly N	d Overall CMI: Medicaid CMI:		Facility Specific 1.3807 1.7289	State- wide 1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending	03/31/20 Nurse Hou	ırs per On-Site Day/Qu	uality Incentive:	3.42	2.0%	Qrtrly Mcaid		Wght Options:		1.7621	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367.00	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 9 / Ln 10		1.3807								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.97 \$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$46.97 \$71.51	\$0.00	\$13.49	\$23.09		\$20.56	\$0.00	\$5.54 N/A	\$1.20
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14	\$1.20
14	Quarterly Per Diem Rate Prior to Add-ons	Eddad of En 12 of En 10	φ111.39	φ40.97	φ0.00	\$13.49	φ10.00		φ10.01	φ3.12	(FRV)	φ1.20
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.63	\$0.00	\$2.48	\$3.06	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.02	\$55.60	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7621	****	,	•	*****	,	**	•	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.39	\$97.97	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.96	\$101.44	\$0.00	\$16.19	\$20.13	\$0.00	\$39.74	\$3.12	\$11.14	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.90									

Provider: Prvdr ID;	Westwood (Univers 00219359A	ity Extended Care)  Case Mix Per Diem Rate Effective Date:	8/14/2020	Q	owth Allowance: Itrly BIMS score	Facility Score N/A 39.4%	Add-on Percent 18.37% 2.5%		Quarterly F	l Overall CMI; dedicaid CMI;		Facility Specific 1,3761 1,4381	State- <u>wide</u> 1.3617 1.4961
		MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	3.78	3.0%	Ortrly Meald	CMI w RUG V	Vght Options:		1.4621	1.5223
Line #	Description		Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	: d ;	е	f	g	g	h	i i
CASE M	X BASED RATE CALC	ULATIONS					:		:				:
1 Cost C	enter Peer Groups		(see Policy Manual)			1	. 2	1	1		i I		
1	Type of Facility within Peer Group	<u>:</u>	(see I circy manual)	:	All Facilities	All Facilities	Free Standing	ı Ali Facilities	All Facilities	: I All Facilities	1		:
1	Bed Size Range within Peer Group	)			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	: :		
Peer G	roup Standards & Efficiency	Meacure I imite								, · · · · =			
	Group Standards; Percentile	measure ennig	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			•
	Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	l	105.0%	I		
4 Efficie	ency Measure Maximums (see	line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base P	eriod Per Diem Allowed Amo	ounts			1		:						
	ed Cost Center Costs (Routin	· · · · · · · · · · · · · · · · · · ·	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037,13	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	
	Adjustments and Reallocation	· · · · · · · · · · · · · · · · · · ·	FY12 C/R Audit Adjstmts	(\$134,484)		\$0	\$0	\$0	(\$4,648)			\$315,476	\$0
	Center Costs After Audit Adjus		FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	** (	\$532,811	\$390,748	\$877.678	\$183,274	\$315.476	. \$0
	al Nursing Facility Days	As Filed Days = 51,167	FY12 Audited C/R Days	51,167	<b>4</b> 7,557,100	40	. 4051,400	4002,011	DF1,08CQ	\$077,070	\$103,214	\$315,476	. 30
1	al Nursing Facility Days GL-PL	•	FY 18 GL-PL Ins Rpt Days	0,,101							50,751		
	er Diems prior to Case Mix Ad	•	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
4 1	se Period Facility Case Mix Inc	<del>-</del>	from 4 gtrs of FY12		1.3761	Ψ0.00	\$10.20	Ψ10.03	(10/11) 2011)		\$3.01	\$0.11	\$0.00
	utine Srvcs Case Mix Adjstd (0	******	ւր 9 / Լո 10		\$70.92		1 1				:		
	er Diems after Case Mix Adisti		RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0,00	\$16.25	\$18.05	:	\$17.15	\$3.61	\$6,17	\$0.00
	iem Standards (After Statewide		per Peer Group Limits		\$70.52	\$0.00	\$18.41	\$23.09		\$20.56		\$6.17 N/A	\$0.00
1 1	Period Case Mix Adjusted Allo	· ·	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15		16.41	\$0.00
1	ř	;		. 0142.55	\$10,52	Ψ0.00	\$10.20	\$10,03		. 317,13	\$3.01	(FRV)	\$0.00
1	rly Per Diem Rate Prior to Ac				1						1	,,,,,,	
4	in Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.49	\$13.03	\$0.00	\$2.99	\$3.32	\$0.00	\$3.15	N/A	N/A	: N/A
	Allowed Per Diem (After Growth	· · · · · · · · · · · · · · · · · · ·	Ln 14 + Ln 15	\$164.88	\$83.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
	arterly Facility Case Mix Index	'	per Current Qtr End		1.4621								
	rly Routine Srvcs Case Mix Ac		Ln 16 x Ln 17	•	\$122.74		1		!		1		
19 Quart	erly Medicaid CMA Allowed Pe	er Diem	RS = Ln 18, AllOthr = Ln 16	\$203.67	\$122.74	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
Quarter	dy Per Diem Add-on Amount	ts					I I						
20 Efficie	ency Add-on Per Diem ((Stnd -	Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,44	\$0.44	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	Add-on Per Diem =	2,5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07	+2.00		<b>40.41</b>			1 1	Ψ0.00	
22 Nurse	Staff Hrs / Quality Add-on Pe	r Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.68	\$3,68		£ :		! !		<u> </u>		
	ng Horne Provider Fee	<del></del> ·	(Fixed Amount)	\$17,10	1					\$17.10			
24 Total	Quarterly Per Diem Add-on An	nounts	Sum of Lns 20 thru 23	\$25,29	\$7.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarter	rly Case Mix Based Per Dien	ı Rate	Ln 19 + Ln 24	\$228.96	\$129.93	\$0.00	\$19.46	\$21.78	\$0.00	\$37.77	\$3.61	\$16.41	\$0.00
<del></del>	-			·	7.20.00	45.00	¥10.70		40.00	201.11	93.01	310.41	. 30.00

#### FINAL

	rovider: Westwood Nursing Center		Add-on Da	ita and Percentages	Facility Score	Add-on Percent	·	Case Mix Inde			Facility Specific	State- wide
) F	rvdr 1D: 00370862A			Growth Allowance:	N/A	18.37%			riod Overall CMI;		1.3746	1.3617
1	H/B ?: No Case Mix Per Diem Rate Effective Date:			BIMS	48.8%	5,5%			ly Medicaid CMI:		1.8859	1,4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Ho	ırs per On-Site	Day/Quality Incentive;	6.32	2.0%	Qrtrly	Mcaid CMI w RU	G Wght Options:		1.9210	1.5223
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			<u>a</u>	b	. с	d	e	1	9		h	i i
<u>c</u>	ASE 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			
1	Peer Group Standards & Efficiency Measure Limits		1									
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
1	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0,37			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
1	Inflation (July 2012) @ 2.06%			23,418		4,801	5,817	,	6,773	•		50
	Patient Days	FY 2010 Cost Rpt		19,770		19.770	19.770		19,770		19,770	19,770
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		,			,_,,,,		1-11-	12,944	10,170	10,,,,
	Inflated NHC/ Patient Days			58.69		12.03	14.58		16.97	3.64	15,99	0.12
	Base Period Facility CMI for all Residents			1.3746							10.00	0.12
	Routine Services Case Mix Adjusted Net Per Diem			\$42.69								1
	Net Per Diems After Case Mix Adjustments		\$106.03	\$42.69		\$12,03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
	Per Diem Standards		1	\$72.49		\$17.69	\$23.20		\$21.80	\$0.04	\$15.55	0.12
	Base Period Case Mix Adjusted Allowed Per Diem		\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9.07	0.12
	Quarterly Per Diem Rate Prior to Add-Ons		000,11	¥42.03		\$12.03	\$14.50		\$10.57	\$3.04	(FRV Rate)	0.12
	Growth Allowance 18.37%		\$15.85	\$7.84		\$2.21	\$2.68		\$3.12		(rkv kate)	
	CMA Allowed Per Diem After Growth Allowance		\$114.95	\$50.54		\$14.24	\$2.66 \$17.25		\$3.12 \$20.09	\$3.64	20.07	00.40
	Quarterly Facility Case Mix Index for Medicaid Residents		\$114.95	1,9210		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		1	\$97.09								
İ	Quarterly Medicaid CMA Allowed Per Diem		6464 50			64451	647.55		200 22			
	Quarterly Per Diam Add-On Amounts		\$161.50	\$97.09		\$14.24	\$17.25		\$20.09	\$3.64	\$9,07	\$0.12
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)					***						
			\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
			\$5.34	5,34								
1	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1,94	1.94								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts	1	\$25.91			ļ						
-	Quarterly Case Mix Based Per Diem Rate	6407.70	\$187.41	\$104.90		\$14.46	\$17.66		\$37.56	\$3.64	\$9.07	\$0.12
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$127.73	<u> </u>			1						

Provide	··· · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	8/14/2020		with Allowance: triv BIMS score	N/A 50.0%	18.37% 5.5%			d Overali CMI: Medicaid CMI:		1.3013 1.5544	1.3617 1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20 Nurse Ho	urs per On-Site Day/Q		3.35	2.0%	Ortrly Meaid	CMI w RUG \			1.5813	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>:</u>			, а	b	С	. d .	е	f	. 9	g	h	i
CASE	MIX BASED RATE CALCULATIONS					1			:	· }		
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	! ! 1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	<b>,</b> ,		All Facilities All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			:
	er Group Standards & Efficiency Measure Limits					1				r		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	leer Group Standards: Multiplier Ifficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)	•	. 100.0% \$0.53	100.0% \$0.00	100.0%	100.0%	1	105.0%	i I		
:	·	(see Folicy Manual)		30.53	\$0.00	\$0.22	\$0.41	i i	\$0.37			
	se Period Per Diem Allowed Amounts		•			: :		i		: :		
	s Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	42,100,1011.0		\$0	the state of the state of	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	, , ,	\$0	1	\$1,443	\$1,470	(\$43,494)	!	(\$11,947)	\$12,230
8	ost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
- ·	Total Nursing Facility Days As Filed Days = 15,340  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days	15,340			:		i	:	! !		5
	let Per Diems prior to Case Mix Adistmt to Routine Stress	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	640.00	604 55			15,434		
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$134.01	1.3013	. 40.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43		1				ļ.		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,43	\$0.00	\$18.36	\$21.55	İ	\$20.10	\$0.58	\$1.29	\$0.80
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	\$23.09		\$20.56	\$0.00	N/A	50.00
	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00		\$21.55	l	\$20.10	\$0.58	9.23	: : \$0.80
: Oua	arterly Per Diem Rate Prior to Add-ons		•							-	(FRV)	
	irowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21,20	\$10.18	\$0.00	\$3.37	\$3.96	\$0.00	\$3.69	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$65.61	\$0.00		\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	1	1.5813		1		;		40.00	43,20	. 40.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$103.75	i	1		; •				
19   Q	tuarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.39	\$103.75	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
i Qua	arterly Per Diem Add-on Amounts		•			:		1		; ;		
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	!
21 B	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71		1 11					25.00	!
	urse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Stycs)	Ln 19 Col b x Slfng Add-on	\$2.08	\$2.08		:		:		·		
	ursing Home Provider Fee	(Fixed Amount)	\$17.10	i I		:		:	\$17.10			:
24 Tı	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.21	\$8.32	\$0.00	\$0.04	\$0.41	\$0.00	\$17.44	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.60	\$112.07	\$0.00	\$21.77	\$25.92	\$0.00	\$41.23	\$0.58	\$9.23	\$0.80
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145,88	! !		·i		<u> </u>		<u> </u>		··

Prov	· · · · · · · · · · · · · · · · · · ·		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvd	r ID: 00040752A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse H		owth Allowance: trly BIMS score uality Incentive:	N/A 48.7% 5.89	18.37% 5.5% 3.0%	Qrtrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:		1.4004 1.4589 1.4839	1,3617 1,4961 1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	ь	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS				:					:		
1 0	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1				
	Type of Facility within Peer Group	(000 7 Only Markally		All Facilities	. All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Poor Group		•	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
F	Peer Group Standards & Efficiency Measure Limits		•			1						: :
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
. E	lase Period Per Diem Allowed Amounts					1 1		į		•		
5 ]	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$9,554,994.00	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	; 50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$146,775)	\$7,250	SO	1 1 1	(\$5,422)				(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394		\$1,472,041	\$624,620		\$1,477,657		\$530,827	\$37,330
8 :	Total Nursing Facility Days As Filed Days = 33,439	FY12 Audited C/R Days	33,439				752 ((525		4.,,		\$550,0£1	401,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days			:	i :		1		33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281,33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19		\$15.87	\$1,12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.4004		1	*******		1	04.01	<b>\$15.01</b>	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80		: ,		F		1 .		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1,12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00		\$23.09		\$20.56	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	27.81	\$1.12
			:					:		44.01	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons					1		:		1	, ,	1
15 :	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00		\$4.24	\$0.00			N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4839		1			i i	1		· i
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = Ln 18, AliOlhr = £n 16		\$125.61				t.	!	1		į.
19	Coarterly Medicald CIMA Allowed Per Dierri	KS - LN 18, ANOTHE EN 16	\$232.31	\$125,61	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1,12
C	luarterly Per Diem Add-on Amounts							 		i		
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91		1		!		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Col b x Strng Add-on	\$3.77	\$3.77		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.78	\$10.68	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25 C	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.09	\$136.29	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.31	\$27.81	\$1.12
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$182.24	· r		- <del></del>		<b></b>		<u></u>		:

#### **FINAL**

Pr	ovider: Willowwood Nursing Center vdr ID: 00271829A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 51.3% 3.34	Add-on Percent 18.37% 5,5% 3.0%	Qrtrly		riod Overall CMI; rly Medicaid CMI;		Facility Specific 1.1879 1.7638 1.7986	State- wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	e	f	9		h	i
<u>C</u> A	SE MIX BASED RATE CALCULATIONS		F			,						
	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		1									
	Peer Group Standards: Percentile		1	90.0%	90.0%	90.0%	85.0%		50.0%			-
	Peer Group Standards: Multiplier Efficiency Measures (Maximums)			100.0%	100.0%	100.0%	100.0%		105.0%			
	Base Period Per Diem Allowed Amounts			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt	1	4 505 445		440.005						
	Inflation (July 2012) @ 2,06%	F12010 C/R -F1 2018 GE-PE RPI		1,595,445		413,205	205,765	267,259	616,206	78,669	380,009	18,585
	Patient Days	FY 2010 Cost Rot		32,866 35,750		8,512 35,750	9,744		12,694			383
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		35,750		35,750	35,750		35,750	84.054	35,750	35,750
	Inflated NHC/ Patient Days	, , to oc. Emarke Bays		45.55		11.80	13,50		17.59	31,254 2,52	10.63	0.53
	Base Period Facility CMI for all Residents		1	1.1879		11.00	13.30		17.59	2.52	10.03	0.53
	Routine Services Case Mix Adjusted Net Per Diem			\$38.34								
	Net Per Diems After Case Mix Adjustments		\$94,91	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.53
	Per Diem Standards	-	*****	\$72,49		\$17.69	\$23.20		\$21.80	<b>\$2.52</b>	\$10.03	0.55
	Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38,34		\$11.80	\$13.50		\$17.59	\$2.52	7.99	0.53
	Quarterly Per Diem Rate Prior to Add-Ons	***************************************		,			\$10.00		417.55	V2.02	(FRV Rate)	0.55
	Growth Allowance 18,37%	4	\$14.92	\$7.04		\$2.17	\$2.48		\$3,23		(LUA Vare)	
	CMA Allowed Per Diem After Growth Allowance	Anna Anna Anna Anna Anna Anna Anna Anna	\$107.19	\$45,39		\$13.96	\$15.98		\$20,82	\$2.52	\$7.99	\$0.53
	Quarterly Facility Case Mix Index for Medicald Residents			1.7986					VII.	¥2.02	\$1.00	00.00
	Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$81,64								
	Quarterly Medicaid CMA Allowed Per Diem	Assessed	\$143.44	\$81.64		\$13.96	\$15.98		\$20.82	\$2.52	\$7,99	\$0.53
	Quarterly Per Diem Add-On Amounts									,	*.,	
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs		\$4.49	4.49								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.45	2.45								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$25.57									
	Quarterly Case Mix Based Per Diem Rate		\$169.01	\$89.11		\$14.18	\$16.39		\$38,29	\$2.52	\$7.99	\$0.53
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$113.93										

Provider: Windemere Health & Rehab Provider ID: 00241678A		Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	Mi) Data		Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	37.1% 3.65	2.5% 3.0%	Ortrly Meaid		Medicaid CMI:		1.5761 1.7667 1.7984	1,3617 1,4961 1,5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	9	. g	h	i
CASE MIX BASED RATE CALCULATIONS		į.					i				
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	1		!
Type of Facility within Peer Group	(see I diley Mandal)		All Facilities			ı Ali Facilities	All Facilities	. All Facilities	1		
Bed Size Range within Peer Group		:	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits					: :			1	1		•
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	; i		
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i '		
Base Period Per Diem Allowed Amounts	<u>:</u>				1				1		:
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,691,497.00	\$3,243,931	: \$0	\$613.683	\$206.128	\$279,704	\$1,067,395	\$3,884	\$276,772	. 5
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,491)	\$0	. \$0		(\$7,368)				(\$58,352)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0		\$198,760		\$1,028,258	\$3,884	\$218,420	\$50,35
8 Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40.515				4.55(,05	4251,7	. 01,020,200	43,504	\$2,50,720	Ψου, σο
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days				:		:		38,159		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138,84	\$80.07	\$0.00	\$15,15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1,2
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.5761		1	******				40.00	. 4112
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$50.80		1				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11,51		\$25.38	\$0.10	\$5.39	\$1.2
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18,41	\$23.09	ĺ	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56		9.32	\$1.2
Outside the Diese Bate Brief to Add and		:			. !			1	1 1	(FRV)	i
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	640.00				***			1		1
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.00 \$126.68	\$9.33 \$60.13	\$0.00 \$0.00	1 1 1	\$2.11	\$0.00	\$3.78		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$120.00	• • • • •	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.2
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	<u>1.7984</u> \$108.14		1			•			'
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.69	\$108.14	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0,10	\$0.20	
;		5114,05	Ψ100.14	. 90.00	917.33	φ13.02	30.00	\$24.34	20.10	\$9.32	\$1.2
Quarterly Per Diem Add-on Amounts	:				i i			İ			1
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	: :	\$0.00	!
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70		1		Į Į				
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24		: 1			ì			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					r	\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.47	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$198.89	\$114.61	\$0.00	\$18.15	\$14.03	\$0.00	\$41.44	\$0.10	\$9.32	\$1.2
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.34	:		·i.		·,	******************			<del></del>

Provider Prvdr ID	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
PIVOLID	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		with Allowance: triy BIMS score uality Incentive:	N/A 25.0% 3.13	18.37% 1.0% 3.0%	Qrtrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3615 1.5007 1.5287	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	AT THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OF THE OWN AS A STREET OWN AS A STREET OF THE OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A STREET OWN AS A S		а	b	С	d	е	f	9	9	ħ	j j
CASE	MIX BASED RATE CALCULATIONS			:		1		 	:			
	t Center Peer Groups	/ O. F M		. 1	: 1		_	!				
, ; 5031	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	: 1 : All Facilities	Free Standing	1 All Facilities	1 All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		: All Bed Sizes :	All Bad Sizes	All Bed Sizes		1		
Peer	r Group Standards & Efficiency Measure Limits				!					1		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Pe	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	1		
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1 .		
Base	e Period Per Diem Allowed Amounts		+	:				!	i	!		
	Filed Cost Center Costs (Rouline & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,471,546.00	\$4,058,730	: \$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118.089	\$540,165	· : \$0
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,521)				\$886	\$1,384	(\$57,483)			
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	, ,	; \$0 \$0		\$350,584	\$547,163	\$974,097	\$118.089	(\$18,805) \$521,360	\$20,124 \$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832	,,,,,,,,,,	, ,,,		Ψ000,00+	4047,100	<b>4314,031</b>	\$110,003	Φ321,300	\$20,124
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days				1		:	:	46,878		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137,51	\$74.79	: : \$0.00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10 :	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3615			*******	, ,		42.02	40.00	. 40.01
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93	:				<b>Y</b>	1		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	\$9.68	\$0.37
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	40.01
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16	\$0.37
·	rterly Per Diem Rate Prior to Add-ons										(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.29 \$138.42	\$10.09 \$65.02	\$0.00 \$0.00		\$3.06	\$0.00	\$3.32	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	. \$130.42		\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5287 \$99.40	:	. :				1		
	parterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$172.80	\$99.40	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11,16	
	•		\$11 E.00		. \$0.00	\$10.19	\$13.14	φ0.00	321.42	\$2.52	\$11,16	\$0.37
	rterly Per Diem Add-on Amounts								r	1		
	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99	:				I			
	rrse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.98	\$2.98	:					4. 4.		İ
	rrsing Home Provider Fee	(Fixed Amount)	\$17.10			1	_		\$17.10			
	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$4.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 ; Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.40	\$103.90	\$0.00	\$18.41	\$20.15	\$0.00	\$38.89	\$2.52	\$11.16	\$0.37
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133,73		·····			(m				

Provider:			Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C	OMI) Data		Facility Specific	State- wide
Prvdr ID:	00143118A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: htrly BIMS score huality Incentive:	30.3%	18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3379 1.4883 1.5120	1.3617 1.4961 1.5223
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			a	ь	С	d	е	f	9	9	h	. i
CASE N	MIX BASED RATE CALCULATIONS							1	:			
1 Cost	Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1		4	f .		:
	Type of Facility within Peer Group	(see Folky Maritary		All Facilities	. Il Facilities		t All Facilities	All Facilities	All Facilities	1		
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Peer	Group Standards & Efficiency Measure Limits			•	İ	1						
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 : Pee	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	į	\$0.37	:		
Base	Period Per Diem Allowed Amounts											
5 As I	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,202,363,87	\$2,864,962	: \$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	· \$0
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,426)		50		\$227	\$0	(\$24,653)		(\$33,959)	
	I Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962		1 .	\$374,066	1	\$632,340	\$95,369	\$372,485	\$33,959
8 T	otal Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35.374			1021,100	0014,000	Ψ213,303	\$00E,040	493,309	9372,403	. 433,538
Т.	otal Nursing Facility Days GL-PL Ins. Rot As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days	,	i						33,215		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14,83	\$18.49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3379			Ų 15. 15	,,,,,,,		\$2.01	\$10.55	. 30.30
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53		÷ .		1	1	1		
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.53	\$0.00	\$14.83	\$18,49	1	\$17.88	\$2.87	\$10.53	\$0.96
13 Per	Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	1 1	\$23.09	1	\$20.56		N/A	. 40.50
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	*	1		\$18,49		\$17.88		10.26	\$0.96
	lands Barn Blanc Bath Bullette Add					1		1		1	(FRV)	
	terly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %							:			
	wth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwing % Ln 14 + Ln 15	\$20.52	\$11.12	\$0.00		\$3.40		\$3.28		N/A	N/A
1 1	A Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$146.34	\$71.65	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
	Quarterly Facility Case Mix Index for Medicaid Residents	,	4	1.5120		1		!	:	1		:
	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Onterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AilOthr = Ln 16	2400.00	\$108.33			***					
19 . Qua	interly Medicald GNA Allowed Fer Dietil	NO - ED TO, MIORIE - ET TO	\$183.02	\$108.33	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
Quart	terly Per Diem Add-on Amounts				:			i	:	1		
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	. \$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2,71		1		1		:		
	se Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.25	\$3.25		1				. !		:
23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10					i	\$17.10	1		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.61	\$114.82	\$0.00	\$17.77	\$22.30	\$0.00	\$38.63	\$2.87	\$10.26	\$0.96
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.88			·i		i	<del></del>			:
·				<i>j</i>								

Line #  CASE MIX E  1 Cost Cente Type Bed 3  Peer Group 2 Peer Grou 3 Peer Grou 4 Efficiency Base Period 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	Description  BASED RATE CALCULATION  The Peer Groups of Facility within Peer Group  Size Range within Peer Group  p Standards & Efficiency Measurup  p Standards: Multiplier  v Measure Maximums (soe line 20 for odd Per Diem Allowed Amounts	: Limits	Sources / Calculations (see Policy Manual)		wth Allowance: trly BIMS score uality Incentive:  Routine Services b  1 All Facilities		18.37% 2.5% 3.0% Dietary	Qridy Mcaid Laundry & Houskpng e		d Overall CMI: Medicaid CMI: Vght Options: Admin and General		1.2524 1.1812 1.1978 Property and Related	1.3617 1.4961 1.5223 Taxes and Insurance
#  CASE MIX E  1 Cost Cente Type Bed 3  Peer Group 2 Peer Grou 3 Peer Grou 4 Efficiency Base Perior 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	Description  BASED RATE CALCULATION  The Peer Groups of Facility within Peer Group  Size Range within Peer Group  p Standards & Efficiency Measurup  p Standards: Multiplier  v Measure Maximums (soe line 20 for odd Per Diem Allowed Amounts	Aurse Hrs Data per Quarter Ending:  NS Limits	03/31/20 Nurse Hou Sources / Calculations (see Policy Manual)	rs per On-Site Day/Qi Totals	Routine Services b	2.54 Special Services	3.0% Dietary	Laundry & Houskpng	CMI w RUG V Plant Operatns & Maint	Vght Options: Admin and General	A&G- GL-PL Insurance	1.1978 Property and Related	1.5223 Taxes and
#  CASE MIX E  Cost Cente Type Bed 3  Peer Group Peer Groud Feer Group Feer Group A Efficiency Base Perior A As Filed C A Audit Adju Cost Cent Total N	BASED RATE CALCULATION  The reference of Facility within Peer Group  Size Range within Peer Group  Standards & Efficiency Measurup  Standards: Percentile  up Standards: Multiplier  v Measure Maximums (see lina 20 for odd Per Diem Allowed Amounts	: Limits	Calculations (see Policy Manual)		Services b	Services	1	Houskping	Operatns & Maint	and General	Insurance	and Related	and
1 Cost Cente Type Bed 3 Peer Group 2 Peer Grou 3 Peer Grou 4 Efficiency Base Perior 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	er Peer Groups of Facility within Peer Group Size Range within Peer Group p Standards & Efficiency Measuru up Standards: Percentile up Standards: Multiplier v Measure Maximums (see lina 20 fo d Per Diem Allowed Amounts	: Limits		а	1	<u>с</u> :	d	е	f	9	g	Ь	•
1 Cost Cente Typo Bed 3 Peer Group 2 Peer Grou 3 Peer Grou 4 Efficiency Base Perior 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	er Peer Groups of Facility within Peer Group Size Range within Peer Group p Standards & Efficiency Measuru up Standards: Percentile up Standards: Multiplier v Measure Maximums (see lina 20 fo d Per Diem Allowed Amounts	: Limits			1 All Facilities		:		:				<u>i i </u>
Peer Group Peer Group Peer Group Peer Grou Peer Grou Peer Grou Peer Grou A Efficiency Base Perio A As Filed C Audit Adju Cost Cent Total N	o of Facility within Peer Group Size Range within Peer Group p Standards & Efficiency Measur up Standards: Percentile up Standards: Multiplier v Measure Maximums (see lina 20 fo d Per Diem Allowed Amounts				1 All Facilities					I			
Peer Group 2 Peer Group 3 Peer Grou 4 Efficiency Base Perio 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	Size Range within Peer Group  p Standards & Efficiency Measuri up Standards: Percentile up Standards: Multiplier v Measure Maximums (see line 20 fo d Per Diem Allowed Amounts				All Facilities	. 1	2	1	1	. 1	1		
Peer Group Peer Group Peer Grou Peer Grou Base Perio As Filed C Audit Adju Cost Cent Total N	o Standards & Efficiency Measur up Standards: Percentile up Standards: Multiplier v Measure Maximums (see line 20 fo d Per Diem Allowed Amounts				, ,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
2 Peer Grou 3 Peer Grou 4 Efficiency Base Perio 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	up Standards: Percentile up Standards: Multiplier r Measure Maximums (see line 20 fo d Per Diem Allowed Amounts				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
3 Peer Grou 4 Efficiency Base Perio 5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N	up Standards: Multiplier v Measure Maximums (see line 20 fo od Per Diem Allowed Amounts			•			<u> </u>						;
Base Perior  Base Perior  As Filed C  Audit Adju  Cost Cent  Total N	v Measure Maximums (see line 20 fo and Per Diem Allowed Amounts		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			í
Base Period S As Filed C Audit Adju Cost Cent Total N	od Per Diem Allowed Amounts		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	1		:
5 As Filed C 6 Audit Adju 7 Cost Cent 8 Total N		r actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adju 7 Cost Cent 8 Total N	^L^										7		į
7 Cost Cent 8 Total N	Cost Center Costs (Routine & Specia	l Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033.00	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	, \$0
8 Total N	ustments and Reallocations to Cost	Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)	)	(\$683)	\$2,386
1	ter Costs After Audit Adjustments		FY12 Audited C/R	\$4,201,966	\$2,417,583	\$0	\$470,330	\$287,471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
Total N	lursing Facility Days	As Filed Days = 29,208	FY12 Audited C/R Days	29,208			:				1		
	lursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days				1		i		29,114		
9 Net Per D	Diems prior to Case Mix Adjstmt to F	outine Srvcs	Ln 7 / Lπ 8 Col a	\$143.86	\$82.77	\$0.00	\$16,10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10.43	\$0.08
10 Base P	Period Facility Case Mix Index for Al	Residents	from 4 qlrs of FY12		1.2524					 		•	,
11 Routine	e Srvcs Case Mix Adjstd (CMA) Net	Per Diem	Ln 9 / Ln 10		\$66.09					l Į			
12 Net Per D	Diems after Case Mix Adjstmt to Rou	tine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15,68	\$0.28	\$10,43	\$0.08
13 Per Diem	Standards (After Statewide CMA for R	outine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Peri	iod Case Mix Adjusted Allowed Per	Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66,09	\$0.00	\$16.10	\$18.52	: !	\$15.68	\$0.28	9.64	\$0.08
Ounetoely B	Per Diem Rate Prior to Add-ons						: !			i I	i i	(FRV)	1
		8.37%	Ln 14 x Grwth Allwnc %	\$21,38	\$12.14	\$0.00		#0.40					
	wed Per Diem (After Growth Allowance	<del></del>	Ln 14 + Ln 15	\$147.77	\$78,23	\$0.00	\$2.96	\$3.40	\$0.00	\$2.88	N/A	N/A	. N/A
	riy Facility Case Mix Index for Medic	•	per Current Qtr End	\$147.77	1.1978	. 20.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
	Routine Stycs Case Mix Adjstd (CM		En 16 x Ln 17		\$93.70						:		
	Medicaid CMA Allowed Per Diem	1) Moct of Blanc	RS = Ln 18, AllOthr = Ln 16	\$163.24	\$93.70	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	. \$0.08
Quarterly P	Per Diem Add-on Amounts				•	:	:	*				Ψ5.0-4	, 40.00
	Add-on Per Diem ([Stnd - Alwd] x .7	5 un to max or 0)	(see Policy Manual)	\$1.53	\$0.53	: \$0.00	\$0.22	\$0.41	\$0.00	\$0.37		ድለ በበ	
	d-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34	. 40.00	. 40.22	40,41	JU.UU	\$0.57	1	\$0.00	į
	aff Hrs / Quality Add-on Per Diem :		En 19 Col b x Stfng Add-on	\$2.81	\$2,34				İ	 			
	Iome Provider Fee		(Fixed Amount)	\$17,10	. Ψε.Ο1		1			\$17.10			
	erterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$187.02	\$99.38	\$0.00	\$19.28	\$22.33	\$0.00	\$36.03	\$0.28	\$9.64	
26 Ouantaris D	Per Diem Rate for Bed Hold and L	B	(Ln 25 - Ln 23) ' 0.75	\$127.44			1					45.04	40.00

Provider: Woodlands Health & Rehab Ctr. Prvdr ID: 00141985A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	8/14/2020 03/31/20 Nurse Ho		owth Allowance: striy BIMS score suality Incentive:	N/A 32.6% 2.61	18.37% 2.5% 3.0%	Ortrly Mosid	Quarterly i	d Overall CMI; Medicaid CMI; Wght Options;		1.1917 1.1335 1.1513	1.3617 1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<u>a</u>	<u> </u>	C	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS					i		i				1
1 Cost Center Peer Groups	(see Policy Manual)	•	. 1		2	1	1				!
Type of Facility within Peer Group Bed Size Range within Peer Group	(see ) oney managery		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities	All Facilities	All Facilities			
			All Ded Sizes	All ped Sizes	All Bed Sizes	All Bed Sizes	: All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Fificiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	. (ass t shey manual)		. 50,50	\$0.00	\$0,22	ФU.4 I		\$0.37			
Base Period Per Diem Allowed Amounts  5 : As Filed Cost Center Costs (Routine & Special Stycs Combined)					1				:		
( in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	As Filed FY12 C/R -FY 2018 GL-PL Rpt	+=,, 0=,00=,00		\$0		\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	\$6
6 Audit Adjustments and Realiocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$84,945)	\$0	\$0	1	(\$419)		(\$86,820)		(\$29,248)	
8 Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Davs	\$2,677,107 22.087	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,45
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days	22,087	:		1			1			
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)		41,847		
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$120.14	1.1917	30.00	\$14,12	\$17.04	(With Carl)	\$16.77	\$0.53	\$13.37	\$1.29
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$48.35		100000		:				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	•	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71,51	\$0.00		\$23.09	t.	\$20.56	\$0.53	\$13.37 N/A	4
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00		\$17.04	Į.	\$16.77	\$0.53	5.15	\$1.29
Quarterly Per Diem Rate Prior to Add-ons		3.33.23		\$0.00	314.12	Ψ17.04	: :	. \$10.77	30.53	5.15 (FRV)	\$1.2
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.68	\$8.88	\$0.00	\$2.59	\$3.13	\$0.00	\$3.08	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$57.23	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1,29
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1513					:			
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Լո 17		\$65.89					:	. !		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.59	\$65.89	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1,29
Quarterly Per Diem Add-on Amounts			:		:						:
20 Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.65	\$1,65		1	40.77	\$5.00	40.07		φυ.υσ	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98		1 1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$151.85	\$70.05	\$0.00	\$16.93	\$20.58	\$0.00	\$37.32	\$0.53	\$5.15	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$101.06					1	<u>.</u>	<u> </u>		

	rovider: Woodstock Nursing and Rehab Center	<u>Ad</u>	d-on Data and P	ercentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0		•	Facility Specific	State- wide
·	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	08/14/20 03/31/20 Nurse Hours per (	Qtr	ly BIMS score	33.7%	2.5% 2.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5030 1.7225 1.7527	1.4014 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	е	ŧ	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	(		40,00	0.55	QU.LL	\$0.77		90.07			
5	Base Period Per Diem Allowed Amounts	A-Fl-d-EV44.0/B, DV48.01 DL B-1										
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY 14 C/R - FY 18 GL-PL Rpt FY14 C/R Audit Adjstmts	\$4,660,444	1	\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	\$0
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	(\$41,721) \$4.618,723	(\$7,343) \$2,447,180	\$0 \$0	\$0 \$361,256	\$6,537	\$8,304	(\$67,698)	}	(\$358)	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894	\$2,447,100	\$0	\$301,230	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL ins Rpl Days	22,034							44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	*	1.5030		1 4.0,70	\$17.00	(**************************************	400.10	ψ1.51	<b>\$61.20</b>	\$0.02
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.12	\$0.00	\$15.78	\$17.36		\$30.75	\$4.54	\$21,28	\$0.82
13	Per Diem Standards (Atter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	, , ,
14	<b>,</b>	Lesser of Ln 12 or Ln 13	\$142.54	\$71,12	\$0.00	\$15,78	\$17.36		\$24.02	\$4.54	8.90 (FRV)	\$0.82
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										
16		Ln 14 + En 15	\$23.56	\$13.06 \$84.18	\$0.00	\$2.90	\$3,19	\$0.00	\$4.41	N/A	N/A	N/A
17	· · · · · · · · · · · · · · · · · · ·	per Current Qlr End	\$166.10	1.7527	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
18	· · · · · · · · · · · · · · · · · · ·	£n 16 x Ln 17		\$147.54								
19	, , , , , , , ,	RS = Ln 18, AllOthr = Ln 16	\$229.46	\$147.54	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	· ·	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69			,		, , , ,		12100	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.36	\$154.71	\$0.00	\$18.90	\$20.96	\$0.00	\$45.53	\$4.54	\$8.90	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$177.95						•			<b>1</b>
			1									

Provider: Wrightsville Manor		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index ((		-	Facility Specific	State- wide
Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date:	014 410000		with Allowance:	N/A	18.37%			i Overall CMI	•	1.2201	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		ں Hours per On-Site Day/Q e	trly BIMS score uality Incentive:	39.2% 3.54	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG I	Medicaid CMI Wght Options		1,7190 1,7521	1.4961 1.5223
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<u>a</u>	Ъ	. с	. d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS				:	:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1	i		
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group	:	:	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bad Sizes	1 1		
Peer Group Standards & Efficiency Measure Limits	:						1				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		!	
3   Peer Group Standards: Multiplier 4   Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	į	105.0%	!		
4 Chicienty measure maximums (see sine 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
Base Period Per Diem Allowed Amounts							:	:	1		
5 As Filed Cost Center Costs (Routine & Special Styce Combined)	As Filed FY12 C/R -FY 2018 GL-Pt	. Rpt \$4,150,140.00	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981	) .	(\$26,499)	\$26,145
7 Cost Center Costs After Audit Adjustments	FY12 Audiled C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8 Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384	İ						1	,	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days			,	1				32,758		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201	ı			:		i l		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23		: :				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00		\$14.51		\$11,27	\$3.75	\$11,14	\$0.78
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.50	\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	10.01	\$0.78
Quarterly Per Diem Rate Prior to Add-ons	1		:	:	:		İ			(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17,27	\$9.78	\$0.00	\$2.75	\$2.67	\$0.00	\$2.07	N/A	N/A	N/A
16 : CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.77	\$63,01	\$0.00		\$17.18		\$13.34	1	\$10.01	\$0.78
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7521		:	*****				410.01	
18 Qrtrty Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.40	:	1		•				
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.16	\$110.40	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
Quarterly Per Diem Add-on Amounts	• •	i e					I	1			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76	i	£			:			
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31		:		1		1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: :			\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.86	\$117.00	\$0.00	\$17.92	\$17.59	\$0.00	\$30.81	\$3.75	\$10.01	\$0.78
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.57		*			***************************************		<del>-1</del>		

Provider: Wynfield Park Health & Rehab Prvdr ID: 00141512A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>08/14/20</b> 03/31/20 Nurs		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 32.2% 3.25	Add-on Percent 18.37% 2.5% 2.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.2181 1.4305 1.4525	State- wide 1.3617 1.4961 1.5223
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
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			1 All Facilities All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 90.0%	2 Freestanding All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 85.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0%			
Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt		100.0% \$0.53	\$0.00 \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37	\$ 176,326		
Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$153.75 \$23.31 \$179.85	\$71.51 \$67.93 \$12.48 \$80.41 <b>1.4525</b> \$116.79		\$18.41 \$17.49 \$3.21 \$20.70	\$23.09 \$21.94 \$4.03 \$25.97		\$20.56 \$19.53 \$3.59 \$23.12		\$25.63 \$25.63 \$25.63 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$216.23 \$2.92 \$2.34 \$17.10 \$22.36	\$116.79 \$2.92 \$2.34		\$20.70	\$25.97		\$23.12 17.10	\$2.79	\$25.63	\$1.23
Quarterly Case Mix Based Per Diem Rate		\$238.59	\$122.05		\$20.70	\$25.97		\$40.22	\$2.79	\$25.63	\$1.23
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.12										

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ?: No Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending:		08/14/20		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:  Routine Services	Facility Score N/A 30.3% 3.68  Special Services	Add-on Percent 18.37% 2.5% 2.0%				A&G- GL-PL	Facility Specific Use Stwd 1.3753 1.3968 Property and	State- wide 1.3617 1.4961 1.5223
#	2-2-14.000	Calculations					Houskpng	& Maint	General	Insurance	Related	Insurance
	E HIV DACED DATE CALCIU ATTOMO		1 a	b	С	<u> </u>	е	f	l g		h	<u> </u>
	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjoted (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.52 \$23.31 \$194.82 \$226.73	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.3968 \$112.31	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$36.35 \$36.35 \$36.35 (FRV Rale) \$36.35	11
	Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% .o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$2.81 \$2.25 \$17.10 \$22.15	\$2.81 \$2.25					17.10			
	Quarterly Case Mix Based Per Diem Rate		\$248.88	\$117.37		\$20.70	\$25,97		\$40.22	\$2.99	\$36.35	\$5.28
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.84							Ĭ			