

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

**FINAL**

Provider: <b>A.G. Rhodes Home - Cobb, Inc.</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00493292A</b>			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.4016	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020			Nurse Hours per On-Site Day/Quality Incentive:		29.6%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6581	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20					4.12	3.0%				1.6898	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,531,009.00	\$4,993,930	\$0	\$1,050,501	\$664,422	\$555,658	\$1,756,281	\$117,033	\$393,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$4,688)	\$14,078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	\$4,930,179	\$0	\$1,013,284	\$674,161	\$557,852	\$1,550,927	\$117,033	\$388,496	\$14,078
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days								24,825		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4.71	\$8.45	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51 (FRV)	\$0.31
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.64	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6898								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.03	\$143.04	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Alwdf) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$5.72	\$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	\$259.85	\$148.76	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.71	\$15.51	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.06									

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

**FINAL**

Provider: <b>A.G. Rhodes Home at Wesley Woods, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00040818A</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4319	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		57.7%	5.5%	Quarterly Medicaid CMI:				1.9699	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		4.55	3.0%	Qtrlyr Mcaid CMI w RUG Wght Options:				2.0095	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572.00	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days = 51,585	FY12 Audited C/R Days	51,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.80	\$107.56	\$0.00	\$16.71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4319								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92 (FRV)	\$0.26
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwrth Allwnc %	\$24.23	\$13.14	\$0.00	\$3.07	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.28	\$84.65	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0095								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$170.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.73	\$170.10	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$9.36	\$9.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$5.10	\$5.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.78	\$14.46	\$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	\$290.51	\$184.56	\$0.00	\$20.00	\$27.33	\$0.00	\$41.44	\$0.00	\$16.92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.06									

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

**FINAL**

Provider: <b>A.G. Rhodes Home, Inc.</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: <b>00140005A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI:		1.3781		1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 44.9%		2.5%		Quarterly Medicaid CMI:		1.5846		1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 4.33		3.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.6151		1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(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				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897.00	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)		(\$15,506)	\$13,591	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591	
8	Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL Ins Rpt Days								47,335			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3781									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllIOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	\$0.00	\$6.48	\$0.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83 (FRV)	\$0.28	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6151									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllIOthr = Ln 16	\$227.29	\$136.72	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.10	\$4.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$7.52	\$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	\$251.91	\$144.24	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$0.00	\$16.83	\$0.28	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.11										

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

**FINAL**

<b>Provider: Abercorn Rehabilitation Center</b> <b>Prvdr ID: 00083025A</b>				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 41.9% Nurse Hours per On-Site Day/Quality Incentive: 3.62		<b>Facility Score</b> N/A 41.9% 3.62	<b>Add-on Percent</b> 18.37% 2.5% 2.0%	<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5995 Quarterly Medicaid CMI: 1.5869 Qtrly Mcaid CMI w RUG Wght Options: 1.6151			<b>Facility Specific</b> 1.5995 1.5869 1.6151	<b>State-wide</b> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788.00	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)		(\$63,055)	\$66,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5995								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00	\$3.03	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.79	\$66.42	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6151								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.64	\$107.27	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$207.73	\$112.63	\$0.00	\$19.77	\$18.76	\$0.00	\$41.44	\$3.36	\$9.70	\$2.07
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$142.97									



## FINAL

Manual Rates 10 2020 - Quality and 18.37%Percent-Audited GL-PL- Updated

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

**FINAL**

Provider: <b>Altamaha Healthcare Ctr.</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140027A</b>				Add-on Data and Percentages								
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score <b>13.0%</b>		Base Period Overall CMI: <b>1.4937</b>		Quarterly Medicaid CMI: <b>1.5168</b>				<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.87</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>2.0%</b>								<b>1.5138</b>
												<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153.00	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$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	22,023									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,546										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34 (FRV)	\$1.20
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.81	\$7.30	\$0.00	\$2.18	\$2.60	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.05	\$47.06	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5422								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.57	\$72.58	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.45	\$1.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.88	\$1.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$156.45	\$74.56	\$0.00	\$14.25	\$17.14	\$0.00	\$41.33	\$0.63	\$7.34	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.51									

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

**FINAL**

Provider: <b>Amara Healthcare &amp; Rehab.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140049A</b>			Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.1730</b>			<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Qtrly BIMS score <b>22.9%</b>			<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5141</b>			<b>1.5138</b>		
			Nurse Hours per On-Site Day/Quality Incentive: <b>3.89</b>			<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5407</b>			<b>1.5405</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054.00	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25.13	\$3.19	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10.66 (FRV)	\$0.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.90	\$9.30	\$0.00	\$2.21	\$2.61	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.57	\$59.92	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.97	\$92.32	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.92	\$96.54	\$0.00	\$14.45	\$17.23	\$0.00	\$41.44	\$3.19	\$10.66	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.12									

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

**FINAL**

Provider: <b>Anderson Mill Health &amp; Rehab</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00140379A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4753</b>				<b>1.4753</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>		Qtrly BIMS score: <b>27.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6100</b>				<b>1.6100</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6380</b>				<b>1.6380</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,774,776.96	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days	As Filed Days = 50,357										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,121										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4753</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86	\$1.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>18.37%</b>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.71	\$0.00	\$2.45	\$2.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.57	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6380</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.18	\$102.49	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.60	\$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	\$201.51	\$106.09	\$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	\$138.31									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Ansley Park Health &amp; Rehab Center</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>003136416A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No			Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>			BIMS:	18.8%	Quarterly Medicaid CMI:			1.3811	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			4.90	3.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.4078	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 62,514		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								20,721		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	\$5.82
	<u>Allowed @ 95% of Std</u>		\$172.42	\$67.93		\$17.49	\$21.94		\$19.53		\$39.71	\$5.82
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.75	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.02	\$39.71	\$5.82
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.4078</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$113.20								
	Quarterly Medicaid CMA Allowed Per Diem		\$231.54	\$113.20		\$20.70	\$25.97		\$23.12	\$3.02	\$39.71	\$5.82
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.40	\$3.40								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.50									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$252.04</b>	<b>\$116.60</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$3.02</b>	<b>\$39.71</b>	<b>\$5.82</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$176.20										

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

**FINAL**

Provider: <b>Appling Nursing and Rehab Pavillion</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140093A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score: <b>30.9%</b>		Base Period Overall CMI: <b>1.0796</b>		1.0796		1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.05</b>		Qtrly BIMS score: <b>2.5%</b>		Quarterly Medicaid CMI: <b>1.1932</b>		1.1932		1.5138
						3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.2087</b>		1.2087		1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383.00	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9	Net Per Diems prior to Case Mix Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.0796								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmtn to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.91	\$13.14	\$0.00	\$4.80	\$4.24	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.72	\$84.65	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2087								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$219.39	\$102.32	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.63	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$242.53	\$107.95	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	\$5.94	\$28.86	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$169.07									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ?: No			Case Mix Per Diem Rate Effective Date: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 47.1% Nurse Hours per On-Site Day/Quality Incentive: 3.47			Add-on Percent 18.37% 5.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.1845 1.2031		State-wide 1.3617 1.5138 1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g		h	i						
CASE MIX BASED RATE CALCULATIONS																		
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1									
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities									
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes									
	Peer Group Standards & Efficiency Measure Limits																	
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%									
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%									
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
	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		\$24.20	\$5.86						
	Allowed @ 95% of Std		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86						
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59									
	CMA Allowed Per Diem (After Growth Allowance)		\$185.09	\$80.41		\$20.70	\$25.97		\$23.12	\$ 4.83	\$24.20	\$5.86						
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2031							(FRV Rate)							
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$96.74														
	Quarterly Medicaid CMA Allowed Per Diem		\$201.42	\$96.74		\$20.70	\$25.97		\$23.12	\$4.83	\$24.20	\$5.86						
	Quarterly Per Diem Add-On Amounts																	
	BIMS Add-on Per Diem = 5.5% o Routine Srvs)		\$5.32	\$5.32														
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.90	\$2.90														
	Nursing Home Provider Fee		\$17.10						17.10									
	Total Quarterly Per Diem Add-On Amounts		\$25.32															
	Quarterly Case Mix Based Per Diem Rate		\$226.74	\$104.96		\$20.70	\$25.97		\$40.22	\$4.83	\$24.20	\$5.86						
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$157.23																

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

**FINAL**

<div> <div> Provider: <b>Arrowhead Healthcare</b>  Prvdr ID: <b>00143162A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 63.0%  Nurse Hours per On-Site Day/Quality Incentive: 2.35 </div> <div> Facility Score  Add-on Percent  18.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4860  Quarterly Medicaid CMI: 1.9121  Qtrly Mcaid CMI w RUG Wght Options: 1.9489 </div> <div> Facility Specific  1.4860  1.9121  1.9489 </div> <div> State-wide  1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,472,469.09	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4860</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.55	\$8.24	\$0.00	\$2.49	\$3.38	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.08	\$53.12	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.9489</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.49	\$103.53	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.43	\$9.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.92</b>	<b>\$112.86</b>	<b>\$0.00</b>	<b>\$16.26</b>	<b>\$22.21</b>	<b>\$0.00</b>	<b>\$39.63</b>	<b>\$0.89</b>	<b>\$9.35</b>	<b>\$1.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.37</b>									



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

**FINAL**

Provider: Autumn Breeze Health Care Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140159A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.2569	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20				Nurse Hours per On-Site Day/Quality Incentive:		24.6%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6363	1.5138
						3.18	3.0%				1.6689	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915.00	\$2,871,125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2569								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$14.74	\$14.36		\$21.88	\$1.88	\$15.84	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88	8.84 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.82	\$10.69	\$0.00	\$2.71	\$2.64	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.39	\$68.88	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6689								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.46	\$114.95	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.32	\$120.08	\$0.00	\$17.67	\$17.41	\$0.00	\$41.44	\$1.88	\$8.84	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.42									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Autumn Lane</b> Prvdr ID: <b>00082992A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 3.40		Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2897 Quarterly Medicaid CMI: 1.3163 Qtrly Mcaid CMI w RUG Wght Options: 1.3389				Facility Specific: 1.2897 1.3163 1.3389	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b> Type of Facility within Peer Group Bed Size Range within Peer Group <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b> GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) <u>Allowed @ 95% of Std</u> Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem <b>Quarterly Per Diem Add-On Amounts</b> BIMS Add-on Per Diem = 2.5% o Routine Srvs Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b> <b>Quarterly Case Mix Based Per Diem Rate</b> Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		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			
				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			
										\$ 55,587 20,097		
			\$160.91	\$71.51		\$18.41	\$23.09		\$20.56		\$33.41	\$0.61
			\$23.31	\$67.93		\$17.49	\$21.94		\$19.53		\$33.41	\$0.61
			\$186.99	\$12.48		\$3.21	\$4.03		\$3.59			
				\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.77	\$33.41	\$0.61
				1.3389							(FRV Rate)	
				\$107.66								
			\$214.24	\$107.66		\$20.70	\$25.97		\$23.12	\$2.77	\$33.41	\$0.61
			\$2.69	\$2.69								
			\$3.23	\$3.23								
			\$17.10						17.10			
			\$23.02									
			\$237.26	\$113.58		\$20.70	\$25.97		\$40.22	\$2.77	\$33.41	\$0.61
		\$165.12										

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

**FINAL**

Provider: <b>Avalon Hlth. &amp; Rehab</b>				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142084A</b>				Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.1537	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score			69.2%	5.5%	Quarterly Medicaid CMI:			1.4771	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:			3.75	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5003	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,383,725.99	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034	
8	Total Nursing Facility Days As Filed Days = 28,784 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,784							28,835			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.1537</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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		<b>1.5003</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.16	\$123.29	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.78	\$6.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$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	\$27.88	\$9.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.04</b>	<b>\$133.07</b>	<b>\$0.00</b>	<b>\$17.09</b>	<b>\$23.29</b>	<b>\$0.00</b>	<b>\$40.74</b>	<b>\$2.99</b>	<b>\$9.99</b>	<b>\$0.87</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.21</b>										

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

**FINAL**

Provider: <b>Azalea Health &amp; Rehabilitation</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141963A</b>			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.3435			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 34.9%				34.9%	2.5%	Quarterly Medicaid CMI: 1.4273			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.14				3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4530			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(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				
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,162,616.72	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlmnts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478	
8	Total Nursing Facility Days	As Filed Days = 23,469											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,793											
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66	\$1.04	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$9.34	\$0.00	\$2.89	\$3.20	\$0.00	\$3.48	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.37	\$60.20	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4530									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.64	\$87.47	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04	
	<b>Quarterly Per Diem Add-on Amounts</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		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	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 Svcs)	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	\$23.44	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$187.08	\$92.81	\$0.00	\$18.85	\$21.05	\$0.00	\$39.87	\$3.80	\$9.66	\$1.04	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$127.49										

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

**FINAL**

Provider: <b>Azalea Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059441A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.5985</b>				<b>1.5985</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.39</b>		Qtrly BIMS score <b>32.7%</b>	<b>32.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7686</b>				<b>1.7686</b>	<b>1.5138</b>
					<b>3.39</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8023</b>				<b>1.8023</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686.07	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)		(\$41,835)	\$39,606
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	\$0.10	\$8.21	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5985</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96 (FRV)	\$1.24
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.76	\$0.00	\$2.64	\$2.45	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.87	\$56.43	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8023</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.14	\$101.70	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.97</b>	<b>\$106.80</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$16.22</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$0.10</b>	<b>\$11.96</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.40</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Azalealand Nursing Home</b> Prvdr ID: <b>00141237A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 51.4% Nurse Hours per On-Site Day/Quality Incentive: 4.40		Facility Score: N/A BIMS: 51.4% 4.40	Add-on Percent: 18.37% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4999 Quarterly Medicaid CMI: 1.5999 Qtrly Mcaid CMI w RUG Wght Options: 1.6308			Facility Specific: 1.4999 1.5999 1.6308	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 43,732		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								24,700		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$17.05	\$1.48
	<u>Allowed @ 95% of Std</u>		\$145.42	\$67.93		\$17.49	\$21.94		\$19.53		\$17.05	\$1.48
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.50	\$80.41		\$20.70	\$25.97		\$23.12	\$ 1.77	\$17.05	\$1.48
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.6308</b>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$131.13								
	Quarterly Medicaid CMA Allowed Per Diem		\$221.22	\$131.13		\$20.70	\$25.97		\$23.12	\$1.77	\$17.05	\$1.48
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% to Routine Srvcs)		\$7.21	\$7.21								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$5.25	\$5.25								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$29.56									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$250.78</b>	<b>\$143.59</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$1.77</b>	<b>\$17.05</b>	<b>\$1.48</b>
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	<b>\$175.26</b>										

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

**FINAL**

Provider: <b>Bainbridge Health Care</b> Prvdr ID: <b>00258915A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2138	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score		52.2%	5.5%	Quarterly Medicaid CMI:			1.9394	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:		2.71	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9767	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%				50.0%	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%				105.0%	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41				\$0.37	
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143.46	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,126							24,797		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2138</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.60	\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	7.67 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.48	\$7.88	\$0.00	\$2.13	\$2.75	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.08	\$50.75	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.9767</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.65	\$100.32	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.16	\$10.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.81</b>	<b>\$110.38</b>	<b>\$0.00</b>	<b>\$13.95</b>	<b>\$18.12</b>	<b>\$0.00</b>	<b>\$35.01</b>	<b>\$1.08</b>	<b>\$7.67</b>	<b>\$0.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.28</b>									

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

FINAL

Provider: <b>Baptist Village, Inc.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140203A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.1403	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		29.0%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3077	1.5138
						4.47	3.0%				1.3302	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033.00	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjslmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1.33	\$9.96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1403								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.43	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.44	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3302								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.39	\$112.60	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Strnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.88	\$4.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.27	\$117.11	\$0.00	\$21.79	\$27.33	\$0.00	\$24.04	\$1.33	\$19.25	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.45									



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

**FINAL**

Provider: <b>Bayview Nursing Home</b> Prvdr ID: <b>00624951A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: N/A Qtrly BIMS score: 53.5% Nurse Hours per On-Site Day/Quality Incentive: 4.62		N/A	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.3673 Quarterly Medicaid CMI: 1.5056 Qtrly Mcaid CMI w RUG Wght Options: 1.5350			1.3617 1.5138 1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476.00	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8	Total Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789									
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3673								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	13.55 (FRV)	\$2.16
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.25	\$10.33	\$0.00	\$3.17	\$3.70	\$0.00	\$3.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$66.57	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5350								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.10	\$102.18	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16
	<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.62	\$5.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.32	\$9.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$211.42	\$111.40	\$0.00	\$20.66	\$24.23	\$0.00	\$37.13	\$2.29	\$13.55	\$2.16
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$145.74									

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

**FINAL**

Provider: <b>Berrien Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143382A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		35.6%	18.37%	Base Period Overall CMI: 1.3657			1.3657	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score: 2.5%		3.42	3.0%	Quarterly Medicaid CMI: 1.5493			1.5493	1.5138
				Nurse Hours per On-Site Day/Quality Incentive: 3.0%				Qtrly Mcaid CMI w RUG Wght Options: 1.5765			1.5765	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,378,143.00	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	\$0	\$654,635	\$340,368	\$287,698	\$744,408	\$154,198	\$451,676	\$35,723
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	{with L&f}	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	\$12.08	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	13.33 (FRV)	\$0.96
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.44	\$9.47	\$0.00	\$3.22	\$3.09	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.85	\$61.03	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5765								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.03	\$96.21	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.96	\$102.04	\$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	\$139.40									

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

**FINAL**

Provider: <b>Blue Ridge Healthcare of Buchanan</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142722A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qltry BIMS score <b>25.0%</b>		Base Period Overall CMI: <b>1.2328</b>		1.2328		1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.84</b>		2.84		2.0%		Quarterly Medicaid CMI: <b>1.6125</b>		1.6125		1.5138
								Qltry Mcaid CMI w RUG Wght Options: <b>1.6430</b>		1.6430		1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012.00	\$1,403,168	\$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days	As Filed Days = 19,686										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,724										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								18,724		
		Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2328								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26	\$0.89
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.49	\$10.26	\$0.00	\$2.58	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.81	\$66.13	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6430								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.33	\$108.65	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.79	\$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	\$204.85	\$112.44	\$0.00	\$16.87	\$18.90	\$0.00	\$41.44	\$4.05	\$10.26	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.81									

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

**FINAL**

Provider: <b>Bolingreen Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059485A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3111	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		10/1/2020		Qtrly BIMS score		37.5%	2.5%	Quarterly Medicaid CMI:			1.3550	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3785	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,001.82	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3111</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3785</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.59	\$96.11	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$191.50	\$101.92	\$0.00	\$17.23	\$21.91	\$0.00	\$38.67	\$2.89	\$8.28	\$0.60
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$130.80									

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

**FINAL**

Provider: <b>Bonterra Nursing Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140357A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3678	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.89	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4186	1.5138	
					2.0%					1.4413	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,520.67	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3678								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26 (FRV)	\$2.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.89	\$0.00	\$2.52	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.26	\$57.28	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.54	\$82.56	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
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	\$20.74	\$3.01	\$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	\$178.28	\$85.57	\$0.00	\$16.46	\$19.43	\$0.00	\$41.44	\$3.93	\$9.26	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.89									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Bostick Nursing Center</b> Prvdr ID: <b>003192286A</b> H/B?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 25.3% Nurse Hours per On-Site Day/Quality Incentive: 4.81		Facility Score: N/A Add-on Percent: 18.37% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:				Facility Specific Use Stwd: 1.3346 1.3575	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 42,226		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								11,249		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$20.20	\$2.95
	<u>Allowed @ 95% of Std</u>		\$150.04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$177.10	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.75	\$20.20	\$2.95
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.3575</b>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$109.15								
	Quarterly Medicaid CMA Allowed Per Diem		\$205.85	\$109.15		\$20.70	\$25.97		\$23.12	\$3.75	\$20.20	\$2.95
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.09	\$1.09								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.18	\$2.18								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.37									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$226.22</b>	<b>\$112.43</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$3.75</b>	<b>\$20.20</b>	<b>\$2.95</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$156.84										

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

**FINAL**

Provider: <b>Brentwood Health &amp; Rehab</b>		<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide	
Prvdr ID: <b>00140071A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3764	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	34.9%	2.5%	Quarterly Medicaid CMI:				1.2883	1.5138
					3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3071	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980.42	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2.42	\$2.74	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.63	\$61.26	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3071								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.44	\$80.07	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.47</b>	<b>\$85.00</b>	<b>\$0.00</b>	<b>\$15.79</b>	<b>\$18.09</b>	<b>\$0.00</b>	<b>\$36.34</b>	<b>\$2.94</b>	<b>\$9.56</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.53</b>									

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

**FINAL**

Provider: <b>Brian Center of Canton</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140643A</b>				Add-on Data and Percentages								
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score: <b>33.3%</b>		18.37%		Base Period Overall CMI: <b>1.3878</b>			1.3878	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.67</b>		2.5%		3.0%		Quarterly Medicaid CMI: <b>1.6373</b>			1.6373	1.5138
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.6655</b>			1.6655	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,097.73	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&F)	\$29.13	\$0.25	\$19.11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3878								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$10.24	\$0.00	\$2.57	\$2.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.91	\$65.98	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6655								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.82	\$109.89	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$24.31	\$6.58	\$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	\$207.13	\$116.47	\$0.00	\$16.80	\$18.54	\$0.00	\$41.44	\$0.25	\$12.39	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.52									



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

**FINAL**

Provider: Briarwood Health & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00706813A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.6087				1.6087	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.99		Qtrly BIMS score 49.2%	5.5%	Quarterly Medicaid CMI: 1.8482				1.8482	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8830				1.8830	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,597,355.36	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25.71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.06	\$11.08	\$0.00	\$2.83	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.86	\$71.42	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8830								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.92	\$134.48	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.40	\$7.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.35	\$10.62	\$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	\$234.27	\$145.10	\$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	\$162.88									

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

**FINAL**

Provider: <b>Brightmoor Health Care, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140412A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2636				1.2636	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 26.3%	1.0%	Quarterly Medicaid CMI: 1.6959				1.6959	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7282				1.7282	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,813,583.00	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 (FRV)	\$1.84
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.24	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.08	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.72	\$146.29	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwtd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.85	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$264.04</b>	<b>\$152.14</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$39.89</b>	<b>\$2.05</b>	<b>\$19.00</b>	<b>\$1.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$185.21</b>									

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

**FINAL**

Provider: <b>Brown Health and Rehab</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00059562A</b>			Growth Allowance: N/A		31.1%	18.37%	Base Period Overall CMI: 1.3805			1.4014		
Case Mix Per Diem Rate Effective Date: 10/1/2020			Qtrly BIMS score: 3.32		2.5%	2.5%	Quarterly Medicaid CMI: 1.4120			1.5138		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$615,487)	\$0	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days	As Filed Days = 37,086	37,086									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,079								38,079		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$30.41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17.59 (FRV)	\$0.40
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.4120								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.46	\$100.70	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.63	\$106.77	\$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	\$147.40									

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

**FINAL**

Provider: <b>Brown's Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140434A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4535				1.4535	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.91		Qtrly BIMS score 27.5%	1.0%	Quarterly Medicaid CMI: 1.6299				1.6299	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6597				1.6597	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,690,414.00	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4535								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.92	\$7.19	\$0.00	\$2.23	\$2.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.08	\$46.34	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6597								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.65	\$76.91	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.54	\$1.54								
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	\$20.57	\$2.84	\$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	\$166.22	\$79.75	\$0.00	\$14.58	\$17.92	\$0.00	\$41.44	\$0.62	\$10.99	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.84									

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

**FINAL**

Provider: <b>Bryan County Health &amp; Rehab Ctr</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00715569A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.3338</b>				<b>1.3338</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.14</b>		Qtrly BIMS score: <b>46.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6902</b>				<b>1.6902</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7236</b>				<b>1.7236</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621.00	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	\$587,904	\$126,970	\$192,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,052
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3.67	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3338								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13.03 (FRV)	\$1.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.97	\$0.00	\$3.38	\$3.46	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$64.27	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7236								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.15	\$110.78	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfing Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.72	\$8.84	\$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	\$215.87	\$119.62	\$0.00	\$21.79	\$22.73	\$0.00	\$33.43	\$3.76	\$13.03	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.08									

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

**FINAL**

Provider: <b>Bryant Health &amp; Rehab. Ctr, Inc</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142601A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.1714</b>			<b>1.1714</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.64</b>		Qtrly BIMS score <b>28.8%</b>		<b>28.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4811</b>			<b>1.4811</b>	<b>1.5138</b>
						<b>2.64</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5076</b>			<b>1.5076</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453.00	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,652)	(\$3,348)	\$0	(\$5,156)	(\$160)	(\$180)	(\$22,665)		(\$196,135)	\$17,992
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1714								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.12	\$10.19	\$0.00	\$2.58	\$3.02	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.25	\$65.65	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5076								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.57	\$98.97	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.16	\$103.46	\$0.00	\$16.84	\$19.88	\$0.00	\$32.50	\$1.15	\$7.64	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.80									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Budd Terrace At Wesley Woods</b> Prvdr ID: <b>003167547A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 28.0% Nurse Hours per On-Site Day/Quality Incentive: 9.74		Facility Score: N/A 28.0% 9.74	Add-on Percent: 18.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2969 Quarterly Medicaid CMI: 1.3167 Qtrly Mcaid CMI w RUG Wght Options: 1.5405			Facility Specific Use Stwd: 1.3617 1.2969 1.3167	State-wide: 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$167,948.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								64,706		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$2.40
	<u>Allowed @ 90% of Std</u>		\$144.38	\$64.36		\$16.57	\$20.78		\$18.50		\$21.77	\$2.40
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$161.23	\$76.18		\$19.61	\$24.60		\$21.90	\$ 2.60	13.94	\$2.40
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3167</u>							(FRV Rate)	
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$100.31								
	Quarterly Medicaid CMA Allowed Per Diem		\$185.36	\$100.31		\$19.61	\$24.60		\$21.90	\$2.60	\$13.94	\$2.40
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1.00	\$1.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.01	\$3.01								
	Nursing Home Provider Fee		\$17.10						17.1			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.11									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$206.47</b>	<b>\$104.32</b>		<b>\$19.61</b>	<b>\$24.60</b>		<b>\$39.00</b>	<b>\$2.60</b>	<b>\$13.94</b>	<b>\$2.40</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$142.03										

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

**FINAL**

Provider: Calhoun Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140577A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3183				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.32		Qtrly BIMS score 34.4%	2.5%	Quarterly Medicaid CMI: 1.6328				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6644				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,448,586.00	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	7.44 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.76	\$8.89	\$0.00	\$2.68	\$3.29	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.17	\$57.26	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6644								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.21	\$95.30	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$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	\$188.08	\$101.07	\$0.00	\$17.51	\$21.63	\$0.00	\$36.13	\$3.73	\$7.44	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.24									



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

**FINAL**

Provider: <b>Calhoun Nursing Home</b> Prvdr ID: <b>00140478A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.2873				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score: 47.8%		5.5%	Quarterly Medicaid CMI: 1.8276				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 4.96		4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8629				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908.00	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2873</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.31	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	14.14 (FRV)	\$0.46
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8629</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.04	\$111.20	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.83	\$11.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.87</b>	<b>\$122.30</b>	<b>\$0.00</b>	<b>\$26.50</b>	<b>\$26.83</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$4.20</b>	<b>\$14.14</b>	<b>\$0.46</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.08</b>									

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

**FINAL**

<div> <div> Provider: <b>Cambridge Post Acute Care Center</b>  Prvdr ID: <b>00494139A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 47.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.18 </div> <div> Facility Score  Add-on Percent  18.37%  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4991  Quarterly Medicaid CMI: 1.7177  Qtrly Mcaid CMI w RUG Wght Options: 1.7481 </div> <div> Facility Specific  1.4991  1.7177  1.7481 </div> <div> State-wide  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstm'ts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.30	\$8.43	\$0.00	\$2.80	\$2.76	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$54.34	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7481								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.34	\$94.99	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$1.50
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.22	\$5.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.38	\$7.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$201.72	\$102.64	\$0.00	\$18.26	\$18.18	\$0.00	\$44.87	\$3.83	\$12.44	\$1.50
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$138.47									

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

**FINAL**

Provider: <b>Camellia Gardens of Life Care</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00366341A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3243				1.3243	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 31.3%	2.5%	Quarterly Medicaid CMI: 1.3332				1.3332	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.33		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3517				1.3517	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021.00	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)		(\$19,001)	\$29,741
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	\$0	\$466,726	\$216,878	\$241,385	\$686,163	\$63,529	\$162,222	\$29,741
8	Total Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09	\$1.08
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.04	\$10.10	\$0.00	\$3.11	\$3.05	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$65.08	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3517								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.52	\$87.97	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$185.74	\$92.46	\$0.00	\$20.27	\$20.09	\$0.00	\$41.44	\$2.31	\$8.09	\$1.08
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$126.48									

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

**FINAL**

Provider: <b>Camellia Hlth &amp; Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140588A</b>		Growth Allowance: Qltry BIMS score		N/A	18.37%	Base Period Overall CMI:				1.3516	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qltry BIMS score		55.1%	5.5%	Quarterly Medicaid CMI:				1.5212	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.60	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.5469	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940.46	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)		(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days	As Filed Days = 22,188										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,848										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6.33	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3516								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.19	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	8.62 (FRV)	\$0.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.20	\$9.75	\$0.00	\$2.84	\$3.28	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$62.85	\$0.00	\$18.31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5469								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.76	\$97.22	\$0.00	\$18.31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.35	\$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.90	\$8.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.66	\$106.02	\$0.00	\$18.53	\$21.53	\$0.00	\$38.93	\$4.21	\$8.62	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.17									

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

**FINAL**

<b>Provider: Candler Hospital Sub-Acute Unit</b> <b>Prvdr ID: 00870911A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qltry BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 8.14		<u>Facility Score</u> 0.0%	<u>Add-on Percent</u> 18.37% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 2.3318 Quarterly Medicaid CMI: 2.3160 Qltry Mcaid CMI w RUG Wght Options: 2.3620			<u>Facility Specific</u> 2.3318 2.3160 2.3620	<u>State-wide</u> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516.00	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76.03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.3318								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$84.85	\$0.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1.72
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.24	\$71.51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42 (FRV)	\$1.72
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.90	\$13.14	\$0.00	\$3.74	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.14	\$84.65	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$199.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$303.43	\$199.94	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$320.75	\$199.94	\$0.00	\$24.31	\$27.33	\$0.00	\$41.44	\$2.59	\$23.42	\$1.72
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$227.74									

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

**FINAL**

Provider: <b>Canton Nursing Center, Inc.</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: <b>00140511A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3680			1.3617			
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qltry BIMS score 68.0%		5.5%		Quarterly Medicaid CMI: 1.2210			1.5138			
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.52		3.0%		Qltry Mcaid CMI w RUG Wght Options: 1.2363			1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b>	(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					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,071,885.93	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)	\$36,799		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	\$36,799		
8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521				
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.28	\$10.04	\$0.00	\$3.22	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.11	\$64.72	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2363										
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.40	\$80.01	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.40	\$4.40										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.40	\$2.40										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$7.33	\$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	\$192.05	\$87.34	\$0.00	\$20.95	\$27.33	\$0.00	\$41.44	\$3.34	\$10.56	\$1.09		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.21											

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

**FINAL**

Provider:	Carrollton Manor, Inc.											
Prvdr ID:	00140852A											
		Case Mix Per Diem Rate Effective Date:	10/1/2020									
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20									
				Nurse Hours per On-Site Day/Quality Incentive:								

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

**FINAL**

<div> <div> Provider: <b>Carrollton Nursing and Rehab Center</b>  Prvdr ID: <b>00059661A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 29.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.33 </div> <div> Facility Score  Add-on Percent  18.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3832  Quarterly Medicaid CMI: 1.5243  Qtrly Mcaid CMI w RUG Wght Options: 1.5509 </div> <div> Facility Specific  State-wide  1.3832  1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3832</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$22.84	\$12.85	\$0.00	\$2.91	\$2.67	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.29	\$82.81	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5509</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.91	\$128.43	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.02</b>	<b>\$132.81</b>	<b>\$0.00</b>	<b>\$18.99</b>	<b>\$17.62</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$0.36</b>	<b>\$8.00</b>	<b>\$0.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.19</b>									



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

**FINAL**

Provider: Cartersville Heights Care and Rehab		Case Mix Per Diem Rate Effective Date: 10/1/2020		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143085A		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:			1.5517	1.3617
				Qtrly BIMS score		24.1%	1.0%	Quarterly Medicaid CMI:			1.5703	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:		3.68	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5983	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,797,818.00	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$7.44	\$0.00	\$2.48	\$2.39	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.77	\$47.95	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5983								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$147.46	\$76.64	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.53	\$1.53								
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	\$20.56	\$2.83	\$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	\$168.02	\$79.47	\$0.00	\$16.19	\$15.81	\$0.00	\$41.44	\$2.13	\$12.25	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.19									

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

**FINAL**

Provider: Cedar Springs Health and Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140544A			Growth Allowance: N/A		22.4%	18.37%	Base Period Overall CMI: 1.5659				1.5659	1.3617
Case Mix Per Diem Rate Effective Date: 10/1/2020			Qtrly BIMS score		1.0%	3.0%	Quarterly Medicaid CMI: 1.6801				1.6801	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive: 8.83		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7132				1.7132	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,111,747.00	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	(\$7,287)	(\$49,254)		(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rpt Days								24,152		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0.27	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5659								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.43	\$8.52	\$0.00	\$2.61	\$3.45	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.84	\$54.91	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.00	\$94.07	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.39	\$98.36	\$0.00	\$17.04	\$22.64	\$0.00	\$35.83	\$5.65	\$8.17	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.47									

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

**FINAL**

<div> <div> Provider: <b>Cedar Valley Nursing and Rehab Center</b>  Prvdr ID: <b>00142557A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>29.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b> </div> <div> Facility Score  <b>N/A</b> </div> <div> Add-on Percent  <b>18.37%</b>  <b>1.0%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4235</b>  Quarterly Medicaid CMI: <b>1.5989</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6279</b> </div> <div> Facility Specific  <b>1.4235</b>  <b>1.5989</b>  <b>1.6279</b> </div> <div> State-wide  <b>1.4014</b>  <b>1.5138</b>  <b>1.5405</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30.28	\$0.31	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.4235</b>								
11	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.69	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.31	9.16 (FRV)	\$1.05
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <b>18.37%</b>	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6279</b>								
18	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.03	\$106.56	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.56</b>	<b>\$111.36</b>	<b>\$0.00</b>	<b>\$17.17</b>	<b>\$19.98</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$0.31</b>	<b>\$9.16</b>	<b>\$1.05</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.60</b>									

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

**FINAL**

Provider: <b>Chaplinwood Health &amp; Rehab</b>			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00059694A</b>			Growth Allowance: N/A			23.6%	18.37%	Base Period Overall CMI: 1.3992			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 23.6%			1.0%	1.0%	Quarterly Medicaid CMI: 1.1768			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.36			2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1923			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,829.86	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	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 Svcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3992</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.1923</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.01	\$81.82	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.10</b>	<b>\$84.81</b>	<b>\$0.00</b>	<b>\$16.86</b>	<b>\$24.52</b>	<b>\$0.00</b>	<b>\$40.79</b>	<b>\$2.87</b>	<b>\$10.43</b>	<b>\$0.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.00</b>									

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

**FINAL**

Provider: <b>Chatsworth Health Care Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00209778A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.2919</b>				<b>1.2919</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b>		Qtrly BIMS score: <b>41.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7035</b>				<b>1.7035</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7374</b>				<b>1.7374</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums <i>(see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,842,312.00	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days								39,941		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	<i>(with L&amp;H)</i>	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2919</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66 <i>(FRV)</i>	\$1.49
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.71	\$10.13	\$0.00	\$2.75	\$3.49	\$0.00	\$3.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.45	\$65.29	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7374</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.59	\$113.43	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem <i>((Std - Alwd) x .75, up to max, or 0)</i>	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> <i>(to Routine Svcs)</i>	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> <i>(to Routine Svcs)</i>	Ln 19 Col b x Sfing Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.33</b>	<b>\$119.07</b>	<b>\$0.00</b>	<b>\$17.93</b>	<b>\$22.90</b>	<b>\$0.00</b>	<b>\$39.00</b>	<b>\$3.28</b>	<b>\$8.66</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.42</b>									

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

**FINAL**

Provider: <b>Chatuge Regional Nursing Home</b> Prvdr ID: <b>00143338A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: N/A Qtrly BIMS score: 26.5%		N/A	18.37%	Base Period Overall CMI: 1.2895 Quarterly Medicaid CMI: 1.6139				1.2895	1.3617
			Nurse Hours per On-Site Day/Quality Incentive:		3.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6441				1.6139	1.5138
											1.6441	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,466,869.00	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$103,659)	(\$32,041)	\$0	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	\$0	\$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8	Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days								39,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	\$2.07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2895								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.26	\$12.28	\$0.00	\$5.01	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.53	\$79.13	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6441								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$219.50	\$130.10	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.43	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$241.62	\$134.53	\$0.00	\$32.52	\$27.33	\$0.00	\$35.04	\$2.07	\$10.13	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$168.39									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Chelsey Park H&amp;R</b> Prvdr ID: <b>003165720A</b> H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>10/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 13.6% Nurse Hours per On-Site Day/Quality Incentive: 3.76		Facility Score: N/A Add-on Percent: 18.37% 0.0% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:				Facility Specific Use Stwd: 1.5247 1.5512 1.5405	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 56,831		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								19,081		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$4.00
<u>Allowed @ 95% of Std</u>			\$168.47	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$4.00
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$194.76	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.98	\$37.58	\$4.00
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.5512</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$124.73								
Quarterly Medicaid CMA Allowed Per Diem			\$239.08	\$124.73		\$20.70	\$25.97		\$23.12	\$2.98	\$37.58	\$4.00
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 0.0% to Routine Srvs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%			\$7.48	\$7.48								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$24.58									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$263.66</b>	<b>\$132.21</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$2.98</b>	<b>\$37.58</b>	<b>\$4.00</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$184.92</b>										

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

**FINAL**

Provider: <b>Cherry Blossom Health Care</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00413509A</b>			Growth Allowance: N/A				18.37%	Base Period Overall CMI:			1.2276	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 26.7%				1.0%	Quarterly Medicaid CMI:			1.7643	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.43				3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7988	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(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				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801.46	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681	
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2276									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.49	\$11.52	\$0.00	\$2.61	\$2.89	\$0.00	\$3.47	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.46	\$74.22	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7988									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.75	\$133.51	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.73	\$139.39	\$0.00	\$17.05	\$19.02	\$0.00	\$39.82	\$3.07	\$10.19	\$1.19	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.47										



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

**FINAL**

<div> <div> Provider: <b>Chestnut Ridge Nursing &amp; Rehabilitation Center</b>  Prvdr ID: <b>00228049A</b> </div> <div> <div>Case Mix Per Diem Rate Effective Date: 10/1/2020</div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</div> </div> <div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 19.6%  Nurse Hours per On-Site Day/Quality Incentive: 2.66 </div> <div> Facility Score  Add-on Percent  18.37%  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5075  Quarterly Medicaid CMI: 1.6244  Qtrly Mcaid CMI w RUG Wght Options: 1.6540 </div> <div> Facility Specific  1.5075  1.6244  1.6540 </div> <div> State-wide  1.4014  1.5138  1.5405 </div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.5075</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.91	\$0.00	\$13.70	\$13.51		\$26.53	\$0.30	\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59.91	\$0.00	\$13.70	\$13.51		\$24.02	\$0.30	7.38 (FRV)	\$0.54
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.42	\$11.01	\$0.00	\$2.52	\$2.48	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.78	\$70.92	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6540</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.16	\$117.30	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfrng 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	\$20.61	\$2.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.77</b>	<b>\$120.18</b>	<b>\$0.00</b>	<b>\$16.44</b>	<b>\$16.40</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$0.30</b>	<b>\$7.38</b>	<b>\$0.54</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.25</b>									

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

**FINAL**

Provider: <b>Christian City Convalescent Center, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00158034A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4851</b>				<b>1.4851</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qltry BIMS score: <b>36.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5419</b>				<b>1.5419</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.5716</b>				<b>1.5716</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901.00	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)		(\$43,344)	\$35,164
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qltrs of FY12		1.4851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63 (FRV)	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.17	\$12.00	\$0.00	\$2.94	\$3.45	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.93	\$77.32	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5716								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.13	\$121.52	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.63	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.76	\$127.52	\$0.00	\$19.15	\$22.63	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.32									

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

**FINAL**

Provider: <b>Chulio Hills Health and Rehab Center</b> Prvdr ID: <b>00143437A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: N/A Qltry BIMS score: 31.3%		N/A	18.37%	Base Period Overall CMI: 1.2223 Quarterly Medicaid CMI: 1.9489				1.2223	1.3617
			Nurse Hours per On-Site Day/Quality Incentive:		12.93	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.9861	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295.00	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
8	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days								33,250		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3.30	\$0.25	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12		<u>1.2223</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	9.96	\$0.78
(FRV)												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.38	\$10.56	\$0.00	\$2.47	\$3.37	\$0.00	\$2.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88	\$68.04	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.9861</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.97	\$135.13	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$4.05	\$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.03</b>	<b>\$143.09</b>	<b>\$0.00</b>	<b>\$16.12</b>	<b>\$22.13</b>	<b>\$0.00</b>	<b>\$36.65</b>	<b>\$3.30</b>	<b>\$9.96</b>	<b>\$0.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.20</b>									

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

**FINAL**

Provider: <b>Church Home Rehab &amp; Healthcare</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140467A</b>				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:			1.2835	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 24.1%		24.1%	1.0%	Quarterly Medicaid CMI:			1.4410	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 4.36		4.36	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4671	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690.00	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,393 As Filed Days = 26,255	17,393									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								26,255		
10	Base Period Facility Case Mix Index for All Residents	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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.2835								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$61.35								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
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	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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)	Ln 14 + Ln 15	\$163.80	\$72.62	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4671								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.72	\$106.54	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.31	\$112.40	\$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	\$153.16									

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

**FINAL**

Provider: <b>Clinch Health Care</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142106A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3288				1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score 41.2%	2.5%	Quarterly Medicaid CMI: 1.5356				1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.96		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5636				1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880.00	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$4,062)	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3288								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	\$8.91	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81 (FRV)	\$0.80
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.40	\$6.96	\$0.00	\$2.01	\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.16	\$44.85	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5636								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$126.44	\$70.13	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$148.92	\$74.51	\$0.00	\$13.15	\$16.82	\$0.00	\$36.01	\$0.82	\$6.81	\$0.80
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$98.87									

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

**FINAL**

Provider: Coastal Manor		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00856028A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3441			1.3441	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 38.6%		38.6%	2.5%	Quarterly Medicaid CMI: 1.5489			1.5489	1.5138
				Nurse Hours per On-Site Day/Quality Incentive: 4.29		4.29	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5784			1.5784	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,108.84	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	\$13,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days								37,331		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31.16		\$36.93	\$3.14	\$33.79	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.92	\$12.20	\$0.00	\$4.70	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.87	\$78.60	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5784								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.33	\$124.06	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.67	\$7.35	\$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	\$251.00	\$131.41	\$0.00	\$30.48	\$27.33	\$0.00	\$41.44	\$3.14	\$16.84	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.43									

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

**FINAL**

Provider: Cobblestone Rehab and Healthcare Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142711A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4590				1.4590	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.60		Qltry BIMS score: 25.7%	1.0%	Quarterly Medicaid CMI: 1.3822				1.3822	1.5138	
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4072				1.4072	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072.00	\$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 Adjstmnts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,941
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,941
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.45	\$0.00	\$15.30	\$25.45		\$40.25	\$0.31	\$18.78	\$3.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0.31	18.26 (FRV)	\$3.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9.64	\$0.00	\$2.81	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.68	\$62.09	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4072								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.96	\$87.37	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$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	\$21.34	\$4.02	\$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	\$200.30	\$91.39	\$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	\$137.40									

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

**FINAL**

Provider: College Park Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00140654A	Case Mix Per Diem Rate Effective Date: 10/1/2020	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Growth Allowance: N/A	Qtrly BIMS score: 31.8%	2.5%	Base Period Overall CMI: 1.2906	Quarterly Medicaid CMI: 1.4348	Qtrly Mcaid CMI w RUG Wght Options: 1.4626	1.5138	1.5405	
				Nurse Hours per On-Site Day/Quality Incentive: 2.88	2.0%							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,335,885.00	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qlns of FY12		1.2906								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altwnc %	\$19.96	\$10.18	\$0.00	\$2.85	\$3.21	\$0.00	\$3.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$65.57	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4626								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.64	\$95.90	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.85	\$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	\$191.45	\$100.75	\$0.00	\$18.60	\$21.12	\$0.00	\$41.30	\$0.60	\$7.64	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.76									



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

**FINAL**

<div> <div> Provider: <b>Comer Health and Rehab</b>  Prvdr ID: <b>00220448A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 46.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.13 </div> <div> Facility Score  Add-on Percent  18.37%  5.5%  5.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2625  Quarterly Medicaid CMI: 1.4891  Qtrly Medicaid CMI w RUG Wght Options: 1.5139 </div> <div> Facility Specific  State-wide  1.2625  1.4014  1.4891  1.5138  1.5139  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)		(\$6,299)	\$6,299
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,299
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	\$12.08	\$0.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.16	\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	7.93 (FRV)	\$0.22
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Althnc %	\$21.33	\$11.45	\$0.00	\$3.24	\$3.14	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$73.78	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5139								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.41	\$111.70	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$0.22
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Astd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.14	\$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$5.59	\$5.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.36	\$12.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$216.77	\$123.96	\$0.00	\$21.09	\$20.66	\$0.00	\$40.02	\$2.89	\$7.93	\$0.22
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.75									

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

**FINAL**

Provider: <b>Comfort Creek NRC of Wadley</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141138A</b>			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3067	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Nurse Hours per On-Site Day/Quality Incentive:		34.7%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.6297	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>					2.78	3.0%				1.6612	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,313,002.67	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$360,462	\$91,806	\$204,359	\$45,021
8	Total Nursing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3067</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30 (FRV)	\$1.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.20	\$8.51	\$0.00	\$2.67	\$3.57	\$0.00	\$2.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.58	\$54.84	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6612</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.84	\$91.10	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	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	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.48	\$96.64	\$0.00	\$17.43	\$23.40	\$0.00	\$33.25	\$2.80	\$8.30	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.79									

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

**FINAL**

<div> <div> Provider: <b>Cordele Health &amp; Rehab</b>  Prvdr ID: <b>00059892A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 36.4%  Nurse Hours per On-Site Day/Quality Incentive: 5.71 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1887  Quarterly Medicaid CMI: 1.7997  Qtrly Mcaid CMI w RUG Wght Options: 1.8340 </div> <div> Facility Specific: 1.1887  1.7997  1.8340 </div> <div> State-wide: 1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1887								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68.11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62 (FRV)	\$1.28
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		1.8340								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.55	\$147.86	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$1.28
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.70	\$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$255.73	\$156.53	\$0.00	\$22.66	\$18.51	\$0.00	\$44.87	\$3.26	\$8.62	\$1.28
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$178.97									

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

**FINAL**

Provider: <b>Countryside Health Center</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141666A</b>				Add-on Data and Percentages								
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score: <b>31.3%</b>		18.37%		Base Period Overall CMI: <b>1.1147</b>			1.1147	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.82</b>		2.5%		3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5709</b>			1.5709	1.5138
											1.5990	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679.00	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.33	\$9.18	\$0.00	\$2.57	\$3.26	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.64	\$59.17	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5990								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.08	\$94.61	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.92	\$100.35	\$0.00	\$16.76	\$21.44	\$0.00	\$32.40	\$2.06	\$6.13	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.12									

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

**FINAL**

<div> <div> a provider: <b>Covenant Dove - Macon</b>  Prvdr ID: <b>00141523A</b> </div> <div> Case Mix Per Diem Rate Effective Date: 10/1/2020  MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20 </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 44.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.30 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5027  Quarterly Medicaid CMI: 1.7315  Qtrly Mcaid CMI w RUG Wght Options: 1.7633 </div> <div> Facility Specific  State-wide  1.5027  1.7315  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.35
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		1.7633								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.85	\$135.23	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$239.19	\$141.84	\$0.00	\$17.04	\$24.12	\$0.00	\$45.53	\$0.39	\$8.92	\$1.35
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$166.57									

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

**FINAL**

Provider: <b>Crestview Nursing Facility</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00273567A</b>			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.1823			1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qltry BIMS score 32.3%				2.5%	Quarterly Medicaid CMI: 1.3300			1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.26				3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.3509			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$1,737,823)	(\$610,837)	\$0	(\$349,850)	(\$63,040)	(\$177,026)	(\$273,838)		(\$267,314)	\$4,082	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	\$0	\$1,271,799	\$1,194,055	\$876,103	\$3,189,154	\$155,956	\$251,597	\$4,082	
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1823									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33									
12	Net Per Diems after Case Mix Adjslmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$14.29	\$23.26		\$35.83	\$1.54	\$2.83	\$0.05	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.87	\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83	\$0.05	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.79	\$13.14	\$0.00	\$2.63	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.66	\$84.65	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3509									
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$114.35	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05	
	<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.51	\$6.29	\$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	\$200.87	\$120.64	\$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	\$150.85										

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

**FINAL**

Provider: <b>Crisp Regional Nursing and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00274128A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4206				1.4206	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 57.8%		57.8%	5.5%	Quarterly Medicaid CMI: 1.8775				1.8775	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.22		4.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9143				1.9143	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644.00	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2.81	\$15.35	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.94	\$60.11	\$0.00	\$20.45	\$23.09		\$20.56	\$2.81	9.62	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.82	\$11.04	\$0.00	\$3.76	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.76	\$71.15	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9143								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.81	\$136.20	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.49	\$7.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.43	\$12.11	\$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	\$254.24	\$148.31	\$0.00	\$24.43	\$27.33	\$0.00	\$41.44	\$2.81	\$9.62	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.86									

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

**FINAL**

<div> <div> Provider: <b>Cross View Care Center</b>  Prvdr ID: <b>00142502A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 26.9%  Nurse Hours per On-Site Day/Quality Incentive: 2.50 </div> <div> Facility Score  Add-on Percent  18.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1512  Quarterly Medicaid CMI: 1.4065  Qtrly Mcaid CMI w RUG Wght Options: 1.4298 </div> <div> Facility Specific  State-wide  1.1512  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$116.54	\$46.78	\$0.00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2.23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.1512</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.64	\$0.00	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0.77	7.68 (FRV)	\$2.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>18.37%</b>	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		<b>1.4298</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.50	\$68.79	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.29	\$2.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.79</b>	<b>\$71.39</b>	<b>\$0.00</b>	<b>\$20.75</b>	<b>\$27.54</b>	<b>\$0.00</b>	<b>\$39.66</b>	<b>\$0.77</b>	<b>\$7.68</b>	<b>\$2.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.52</b>									



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

**FINAL**

Provider: <b>Cumming Nursing Center</b>				Facility	Add-on					Facility	State-	
Prvdr ID: <b>00140302A</b>				<u>Add-on Data and Percentages</u>	<u>Score</u>	<u>Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Specific</u>	<u>wide</u>
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>18.37%</b>	Base Period Overall CMI: <b>1.3016</b>				<b>1.3016</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>67.6%</b>		<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7351</b>				<b>1.7351</b>	<b>1.5138</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.99</b>		<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7677</b>				<b>1.7677</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534.00	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8	Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9.85 (FRV)	\$0.95
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.35	\$13.14	\$0.00	\$3.38	\$4.00	\$0.00	\$2.83	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.76	\$84.65	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7677								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.75	\$149.64	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.23	\$8.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.60	\$12.72	\$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	\$258.35	\$162.36	\$0.00	\$21.79	\$26.21	\$0.00	\$35.71	\$1.48	\$9.85	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.94									

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

**FINAL**

Provider: <b>D. Scott Hudgens Center for Skilled Nursing</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>000815493B</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3112	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	48.2%	5.5%	Quarterly Medicaid CMI:				1.6007	1.5138
					3.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6276	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,344,854.00	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5,856									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL Ins Rpt Days								11,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.72	\$105.54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84		\$53.61	\$0.21	\$19.96	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24 (FRV)	\$1.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.05	\$13.14	\$0.00	\$2.89	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.22	\$84.65	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6276								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.35	\$137.78	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.58	\$7.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.03	\$11.71	\$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	\$267.38	\$149.49	\$0.00	\$18.85	\$27.33	\$0.00	\$41.44	\$0.21	\$28.24	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.71									

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

**FINAL**

Provider: Dade Health and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142865A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2764				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.05		Qltry BIMS score 44.7%	2.5%	Quarterly Medicaid CMI: 1.8157				1.5138		
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.8516				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776.00	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adj'smts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days	As Filed Days = 22,897										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,687										
9	Net Per Diems prior to Case Mix Adj'stmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2764								
11	Routine Svcs Case Mix Adj'std (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adj'stmt to Routine Svcs	RS = Ln 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8.51 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.45	\$10.76	\$0.00	\$2.85	\$3.63	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.17	\$69.36	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8516								
18	Qltry Routine Svcs Case Mix Adj'std (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.24	\$128.43	\$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 (IStd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.59	\$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	\$231.93	\$136.02	\$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	\$161.12									

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

**FINAL**

Provider: Dawson Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140808A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2140				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.44		Qtrly BIMS score 32.6%	2.5%	Quarterly Medicaid CMI: 1.4326				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4553				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,364.66	\$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 Adjstmnts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)		(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22 (FRV)	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.13	\$10.40	\$0.00	\$2.75	\$3.06	\$0.00	\$2.92	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.27	\$66.99	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4553								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.77	\$97.49	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$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	\$189.76	\$103.38	\$0.00	\$17.96	\$20.12	\$0.00	\$36.28	\$3.07	\$8.22	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.50									

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

**FINAL**

Provider: <b>Decatur Health and Rehab Ctr</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00059452A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.7909				1.7909	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qlry BIMS score: 36.7%	2.5%	Quarterly Medicaid CMI: 1.7091				1.7091	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.87		3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7409				1.7409	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,960,862.04	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days								24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$9.39	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7909								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.14	\$9.23	\$0.00	\$3.32	\$2.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.13	\$59.47	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7409								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.19	\$103.53	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.15	\$109.76	\$0.00	\$21.59	\$18.50	\$0.00	\$41.44	\$0.11	\$13.20	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.79									

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

**FINAL**

Provider: <b>Delmar Gardens of Gwinnett, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00395161A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2576				1.2576	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 19.4%		19.4%	0.0%	Quarterly Medicaid CMI: 1.4802				1.4802	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.73		3.73	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5035				1.5035	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011.00	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
8	Total Nursing Facility Days	As Filed Days = 23,172										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,614										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.88	\$12.48	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.57	\$80.41	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5035								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.06	\$120.90	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.05	\$2.95	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.11	\$123.85	\$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	\$156.76									

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

**FINAL**

Provider: Delmar Gardens of Smyrna		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00296271A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2475				1.2475	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.85		Qtrly BIMS score 41.8%	2.5%	Quarterly Medicaid CMI: 1.3646				1.3646	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3853				1.3853	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,229,800.00	\$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 Adjstmnts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2475								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.74	\$11.53	\$0.00	\$3.07	\$3.74	\$0.00	\$3.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.65	\$74.29	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3853								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.27	\$102.91	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.56	\$109.10	\$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	\$141.35									

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

**FINAL**

Provider: <b>Douglasville Nursing and Rehab Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141083A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.5626</b>				<b>1.5626</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.89</b>		Qtrly BIMS score: <b>20.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4592</b>				<b>1.4592</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4842</b>				<b>1.4842</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,063,143.00	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)		(\$128,218)	\$105,988
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8	Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	\$10.41	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lessor of Ln 12 or Ln 13	\$118.88	\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.75	\$10.32	\$0.00	\$2.76	\$2.50	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$66.51	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4842								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.83	\$98.71	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.48	\$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	\$192.41	\$103.19	\$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	\$131.48									



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

**FINAL**

Provider: <b>Dublinair Health &amp; Rehab Center</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00059947A</b>				Add-on Data and Percentages		Growth Allowance: N/A		Base Period Overall CMI: 1.2467				1.2467	1.3617
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score 33.3%		2.5%		Quarterly Medicaid CMI: 1.5879				1.5879	1.5138
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.19		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6163				1.6163	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(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				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623.00	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431	
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2467									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQtr = Ln 9		\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99 (FRV)	\$0.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.97	\$10.00	\$0.00	\$2.91	\$2.94	\$0.00	\$2.12	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.03	\$64.46	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6163									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQtr = Ln 16	\$168.76	\$104.19	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem [(Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.36	\$6.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.12	\$110.45	\$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	\$132.02										

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

**FINAL**

Provider: <b>Dunwoody Health and Rehab Ctr</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00815295A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.6363			1.6363	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qltry BIMS score: 24.6%		1.0%		Quarterly Medicaid CMI: 1.7509			1.7509	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.55		2.0%		Qltry Mcaid CMI w RUG Wght Options: 1.7828			1.7828	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181.00	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6363								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32		\$27.02	\$0.08	\$7.23	\$2.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68 (FRV)	\$2.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.93	\$12.97	\$0.00	\$3.18	\$3.00	\$0.00	\$3.78	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.27	\$83.56	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7828								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.68	\$148.97	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.41	\$153.97	\$0.00	\$20.73	\$19.73	\$0.00	\$41.44	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.48									

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

**FINAL**

Provider: <b>Eagle Health</b> Prvdr ID: <b>00143151A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3784				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score 50.0%		5.5%		Quarterly Medicaid CMI: 1.5492				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.46		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5756				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,453,079.09	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177	
8	Total Nursing Facility Days As Filed Days = 20,477 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,477							27,726			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1.33	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3784</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38 (FRV)	\$1.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.71	\$12.31	\$0.00	\$2.90	\$3.72	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.18	\$79.33	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5756</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.84	\$124.99	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.87	\$6.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.88	\$11.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.72</b>	<b>\$136.14</b>	<b>\$0.00</b>	<b>\$18.91</b>	<b>\$24.38</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$4.14</b>	<b>\$9.38</b>	<b>\$1.33</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.97</b>										

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

**FINAL**

Provider: <b>Early Memorial Nursing Home</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140874A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2350				1.2350	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020				Qtrly BIMS score: 19.7%	0.0%	Quarterly Medicaid CMI: 1.3213				1.3213	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20				Nurse Hours per On-Site Day/Quality Incentive: 4.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3437				1.3437	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202.00	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	\$1,782,433	\$0	\$34,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	\$14,982	(\$72,500)	\$0	(\$447)	\$39,877	\$17,103	\$30,725		\$224	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.59	\$11.31	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.29	\$72.86	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3437								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.33	\$97.90	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$20.79	\$3.47	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.12	\$101.37	\$0.00	\$21.24	\$27.33	\$0.00	\$41.44	\$0.00	\$8.74	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.27									

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

**FINAL**

Provider: <b>East Lake Arbor</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140137A</b>				N/A	18.37%	Base Period Overall CMI:				1.2163	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance: Qltry BIMS score	26.7%	Quarterly Medicaid CMI:				1.8805	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:	3.08	Qtrlry Mcaid CMI w RUG Wght Options:				1.9174	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,536,622.00	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$11.15	\$0.00	\$3.00	\$3.41	\$0.00	\$2.97	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.46	\$71.84	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9174								
18	Qtrlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.37	\$137.75	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
	<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.14	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$237.51	\$143.79	\$0.00	\$19.56	\$22.38	\$0.00	\$36.61	\$3.96	\$9.61	\$1.60
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$165.31									

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

**FINAL**

<div> <div> Provider: <b>Eastman Healthcare</b>  Prvdr ID: <b>00141974A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 23.9%  Nurse Hours per On-Site Day/Quality Incentive: 2.56 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1568  Quarterly Medicaid CMI: 1.3749  Qtrly Mcaid CMI w RUG Wght Options: 1.4002  1.5405 </div> <div> Facility Specific: 1.1568  1.3749  1.4002 </div> <div> State-wide: 1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.46	\$57.26	\$0.00	\$16.35	\$15.12	(with L&H)	\$16.24	\$1.03	\$16.94	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.60	\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	7.84 (FRV)	\$0.52
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.85	\$9.09	\$0.00	\$3.00	\$2.78	\$0.00	\$2.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.45	\$58.59	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4002								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.90	\$82.04	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.91	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$169.81	\$85.85	\$0.00	\$19.57	\$18.31	\$0.00	\$36.69	\$1.03	\$7.84	\$0.52
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$114.53									

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

**FINAL**

<div> <div> Provider: <b>Eastview Nursing Home</b>  Prvdr ID: <b>00140885A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 50.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.10 </div> <div> Facility Score: <b>18.37%</b>  Add-on Percent: 5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4001  Quarterly Medicaid CMI: 1.6070  Qtrly Mcaid CMI w RUG Wght Options: 1.6375 </div> <div> Facility Specific: 1.4001  1.6070  1.6375 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853.00	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8	Total Nursing Facility Days As Filed Days = 29,341 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	29,341							25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4001</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	7.78 (FRV)	\$0.93
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.85	\$8.00	\$0.00	\$2.31	\$3.41	\$0.00	\$3.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.29	\$51.56	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6375</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.16	\$84.43	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.64	\$4.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$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	\$25.80	\$7.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.96</b>	<b>\$92.13</b>	<b>\$0.00</b>	<b>\$15.13</b>	<b>\$22.39</b>	<b>\$0.00</b>	<b>\$37.64</b>	<b>\$2.96</b>	<b>\$7.78</b>	<b>\$0.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.40</b>									

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

**FINAL**

Provider: <b>Eatonton Health &amp; Rehabilitation Center</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00223473A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3434				1.3434	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 36.2%	2.5%	Quarterly Medicaid CMI: 1.4451				1.4451	1.5138	
					3.43	Qtrly Mcaid CMI w RUG Wght Options: 1.4663				1.4663	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,078,891.65	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3434</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4663</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.27	\$102.42	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.53	\$108.58	\$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	\$136.82									



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

**FINAL**

Provider: <b>Effingham Extended Care Facility</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140907A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2538	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		29.8%	1.0%	Quarterly Medicaid CMI:			1.2252	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.64	7.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2425	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,499,706.00	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	37,034							36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2538</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.79	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2425</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.32	\$105.18	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.36	\$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	\$25.51	\$8.41	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.83</b>	<b>\$113.59</b>	<b>\$0.00</b>	<b>\$34.50</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.93</b>	<b>\$10.34</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.30</b>									

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

**FINAL**

Provider: Emanuel Medical Center Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140929A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1993				1.1993	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.74		Qtrly BIMS score: 41.0%	2.5%	Quarterly Medicaid CMI: 1.1126				1.1126	1.5138	
					3.0%	Qtrtrly Mcaid CMI w RUG Wght Options: 1.1288				1.1288	1.5405	
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	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,357,875.00	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35.52	\$0.40	\$8.62	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35.52	\$0.40	\$8.62	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.40	12.49 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alkwn %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.23	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1288								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.13	\$95.55	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$5.26	\$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	\$217.49	\$100.81	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.40	\$12.49	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.29									

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

**FINAL**

Provider: <b>Etowah Landing Care and Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00142766A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3514				1.3514	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.94		Qtrly BIMS score 43.1%	2.5%	Quarterly Medicaid CMI: 1.4805				1.4805	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5082				1.5082	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075.00	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&H)	\$26.10	\$1.60	\$12.25	\$0.83
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514								
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
11	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07		\$26.10	\$1.60	\$12.25	\$0.83
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1.60	8.00 (FRV)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
14	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.67	\$8.61	\$0.00	\$2.33	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
15	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.32	\$55.49	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
16	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5082								
17	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.69								
18	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.52	\$83.69	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
19	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
21	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.67	\$1.67								
22	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
23	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.02	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
24	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.54</b>	<b>\$87.98</b>	<b>\$0.00</b>	<b>\$15.26</b>	<b>\$19.43</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$1.60</b>	<b>\$8.00</b>	<b>\$0.83</b>
25	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.08</b>									

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

**FINAL**

Provider: <b>Evergreen Health and Rehab</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>835154999A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4147	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			88.3%	5.5%	Quarterly Medicaid CMI:			1.5590	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.53	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5870	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311.00	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,208								33,173	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4147</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.05	\$0.00	\$2.53	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.07	\$58.33	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5870</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.31	\$92.57	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.09	\$5.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.05	\$9.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.36</b>	<b>\$101.89</b>	<b>\$0.00</b>	<b>\$16.52</b>	<b>\$22.40</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$1.46</b>	<b>\$6.85</b>	<b>\$0.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.70</b>									

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

**FINAL**

Provider: <b>Fairburn Health Care Center</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00173071A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2420				1.2420	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 32.9%	2.5%	Quarterly Medicaid CMI: 1.5028				1.5028	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 2.81	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5282				1.5282	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038.00	\$2,285,794	\$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3.44	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.19	\$9.79	\$0.00	\$2.30	\$3.11	\$0.00	\$2.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.74	\$63.09	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.06	\$96.41	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$4.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$188.03	\$101.28	\$0.00	\$15.06	\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$128.20									

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

**FINAL**

Provider: <b>Fifth Avenue Health Care</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140984A</b>				Add-on Data and Percentages								
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		N/A		18.37%		Base Period Overall CMI: <b>1.3973</b>			1.3973	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score <b>35.2%</b>		35.2%		2.5%		Quarterly Medicaid CMI: <b>1.7620</b>			1.7620	1.5138
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.79</b>		3.79		3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.7948</b>			1.7948	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,048,574.00	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)		(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17.11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3973								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	\$15.84	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$10.07	\$0.00	\$2.44	\$3.14	\$0.00	\$3.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.52	\$64.90	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7948								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.10	\$116.48	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.13	\$123.41	\$0.00	\$15.94	\$20.66	\$0.00	\$38.47	\$4.26	\$9.59	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.02									

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

**FINAL**

Provider: <b>Florence Hand Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00207083A</b>				Growth Allowance: N/A		44.4%	18.37%	Base Period Overall CMI: 1.1859			1.1859	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score 2.5%			2.5%	Quarterly Medicaid CMI: 1.1813			1.1813	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 4.02			3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1971			1.1971	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>Hosp Based All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783.00	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days								49,766		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1859								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.97	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1971								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.65	\$101.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.57	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.32	\$106.90	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$1.42	\$14.08	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.92									

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

**FINAL**

Provider: <b>Folkston Park Care and Rehab</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141006A</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3444	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		43.8%	2.5%	Quarterly Medicaid CMI:				1.3594	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3816	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013.00	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	\$20,216
8	Total Nursing Facility Days As Filed Days = 28,686	FY12 Audited C/R Days	28,689									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days								27,433		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.36	\$63.17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3444</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.00	\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	8.29 (FRV)	\$0.70
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.15	\$8.63	\$0.00	\$2.53	\$2.49	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.15	\$55.62	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3816</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.37	\$76.84	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$3.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$163.46</b>	<b>\$80.83</b>	<b>\$0.00</b>	<b>\$16.54</b>	<b>\$16.46</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$0.64</b>	<b>\$8.29</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.77</b>									



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

**FINAL**

<div> <div> Provider: <b>Fort Gaines Healthcare, LLC</b>  Prvdr ID: <b>00140599A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 37.2%  Nurse Hours per On-Site Day/Quality Incentive: 2.53 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  4.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4652  Quarterly Medicaid CMI: 1.8726  Qtrly Mcaid CMI w RUG Wght Options: 1.9092 </div> <div> Facility Specific  1.4652  1.8726  1.9092 </div> <div> State-wide  1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,803,511.75	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,637							18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4652</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99 (FRV)	\$1.81
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.9092</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.21	\$85.99	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$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	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.43</b>	<b>\$92.11</b>	<b>\$0.00</b>	<b>\$17.02</b>	<b>\$20.56</b>	<b>\$0.00</b>	<b>\$41.03</b>	<b>\$0.91</b>	<b>\$18.99</b>	<b>\$1.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.50</b>									

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

**FINAL**

Provider: <b>Fort Valley Nursing Ctr.</b>			<u>Add-on Data and Percentages</u>			Facility <u>Score</u>	Add-on <u>Percent</u>	<u>Case Mix Index (CMI) Data</u>			Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: <b>00141028A</b>			Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5800			1.5800	1.3617
			MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Qtrly BIMS score 39.2%	2.5%	Quarterly Medicaid CMI: 1.7837			1.7837	1.5138
			Nurse Hours per On-Site Day/Quality Incentive:			2.61	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8185			1.8185	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,307,173.12	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$70,637)	\$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506,549	\$21,740	\$418,492	\$31,045
8	Total Nursing Facility Days As Filed Days = 25,374 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	25,374							23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.27	\$56.96	\$0.00	\$12.67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16.49	\$1.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5800</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8.07 (FRV)	\$1.22
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.38	\$6.62	\$0.00	\$2.33	\$2.76	\$0.00	\$3.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.32	\$42.67	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.8185</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.25	\$77.60	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.22
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$166.37</b>	<b>\$81.62</b>	<b>\$0.00</b>	<b>\$15.22</b>	<b>\$18.21</b>	<b>\$0.00</b>	<b>\$41.10</b>	<b>\$0.93</b>	<b>\$8.07</b>	<b>\$1.22</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$111.95</b>									

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

**FINAL**

Provider: <b>Four County Health Care Center</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00405292A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4294	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			35.4%	2.5%	Quarterly Medicaid CMI:			1.3569	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			2.94	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3795	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,426,946.06	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8	Total Nursing Facility Days As Filed Days = 26,251 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	26,251							27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.71	\$65.92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2.91	\$11.99	\$1.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4294</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	9.69 (FRV)	\$1.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3795</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.50	\$75.31	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.88	\$1.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.02</b>	<b>\$80.73</b>	<b>\$0.00</b>	<b>\$17.29</b>	<b>\$19.57</b>	<b>\$0.00</b>	<b>\$37.33</b>	<b>\$2.91</b>	<b>\$9.69</b>	<b>\$1.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.94</b>									

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

**FINAL**

Provider: <b>Fox Glove Court Care and Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143074A</b>				Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.5814	1.3617
Case Mix Per Diem Rate Effective Date: 10/1/2020		10/1/2020		Nurse Hours per On-Site Day/Quality Incentive:		39.7%	2.5%				1.6653	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		06/30/20				3.41	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6961	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377.00	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$44.11	\$0.00	\$13.30	\$15.54		\$29.73	\$8.96	\$12.79	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	\$0.00	\$13.30	\$15.54		\$20.56	\$8.96	7.91 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.17	\$8.10	\$0.00	\$2.44	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.80	\$52.21	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6961								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$165.14	\$88.55	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.27	\$93.95	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.38									

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

**FINAL**

Provider: <b>Friendship Health and Rehab Center</b>				Facility		Add-on						Facility		State-			
Prvdr ID: <b>00141567A</b>				Add-on Data and Percentages		Score		Percent		Case Mix Index (CMI) Data				Specific		wide	
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:		N/A		18.37%		Base Period Overall CMI:				1.2454		1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score		42.0%		2.5%		Quarterly Medicaid CMI:				1.6939		1.5138	
				Nurse Hours per On-Site Day/Quality Incentive:		4.76		2.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.7254		1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<b>CASE MIX BASED RATE CALCULATIONS</b>																	
1	<b>Cost Center Peer Groups</b>	(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								
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
<b>Base Period Per Diem Allowed Amounts</b>																	
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356.00	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817					
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817					
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896							
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.25	\$0.51					
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454													
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01													
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A						
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.12	\$10.29	\$0.00	\$2.61	\$4.12	\$0.00	\$3.10	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.18	\$66.30	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51					
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7254													
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.39													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.27	\$114.39	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86													
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.29	\$2.29													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$213.05	\$120.07	\$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	\$146.96														

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

**FINAL**

Provider: Gateway Health and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140786A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.3591	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 31.0%		31.0%	2.5%	Quarterly Medicaid CMI:				1.6930	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.90		3.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7155	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213.00	\$1,449,766	\$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3.38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3591								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27		\$20.56	\$3.38	6.62 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.67	\$9.66	\$0.00	\$2.69	\$3.54	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.38	\$62.27	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7155								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.93	\$106.82	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.06	\$113.22	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	\$3.38	\$6.62	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.72									

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

**FINAL**

Provider: <b>Gibson Health &amp; Rehabilitation Center</b> Prvdr ID: <b>00141116A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: N/A Qtrly BIMS score: 39.7%		N/A	18.37%	Base Period Overall CMI: 1.3210 Quarterly Medicaid CMI: 1.4907				1.3617	1.5138
			Nurse Hours per On-Site Day/Quality Incentive: 3.04		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5164				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,988.65	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days								30,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.13	\$72.44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84	\$3.24	\$7.34	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3210</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.76	\$10.07	\$0.00	\$2.55	\$3.05	\$0.00	\$3.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.45	\$64.91	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5164</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.97	\$98.43	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$192.01	\$104.37	\$0.00	\$16.67	\$20.05	\$0.00	\$37.40	\$3.24	\$9.50	\$0.78
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$131.18									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Glen Eagle Healthcare and Rehab</b> Prvdr ID: <b>003214231A</b> H/B ?: No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 23.1% Nurse Hours per On-Site Day/Quality Incentive: 2.76			Facility Score 23.1%	Add-on Percent 18.37% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5812 Quarterly Medicaid CMI: 1.5138 Qtrtly Mcaid CMI w RUG Wght Options: 1.6113			Facility Specific Use Stwd 1.6113	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								0		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.00
<u>Allowed @ 90% of Std</u>			\$141.98	\$64.36		\$16.57	\$20.78		\$18.50		\$21.77	\$0.00
Growth Allowance 18.37%			\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
CMA Allowed Per Diem (After Growth Allowance)			\$154.63	\$76.18		\$19.61	\$24.60		\$21.90	\$ 3.03	9.31	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.6113</u>							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$122.75								
Quarterly Medicaid CMA Allowed Per Diem			\$201.20	\$122.75		\$19.61	\$24.60		\$21.90	\$3.03	\$9.31	\$0.00
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% to Routine Svcs)			\$1.23	\$1.23								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.46	\$2.46								
Nursing Home Provider Fee			\$17.10						17.1			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$20.78									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$221.99</b>	<b>\$126.44</b>		<b>\$19.61</b>	<b>\$24.60</b>		<b>\$39.00</b>	<b>\$3.03</b>	<b>\$9.31</b>	<b>\$0.00</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$153.66</b>										



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

**FINAL**

Provider: <b>Glenn-Mor Nursing Home</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141149A</b>				Growth Allowance: Qlry BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.4211	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Nurse Hours per On-Site Day/Quality Incentive:	38.8%	2.5%	Qlry Mcaid CMI w RUG Wght Options:				1.2187	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>					4.04	2.0%					1.2359	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934.00	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	\$12,901	\$434,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days								21,314		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.66	\$10.29	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.58	\$66.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2359								
18	Qlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.23	\$81.98	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$4.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$200.55	\$86.20	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.61	\$10.17	\$0.30
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$137.59									

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

**FINAL**

Provider: <b>Glenvue Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141171A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.1177			1.1177	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score		15.0%	0.0%	Quarterly Medicaid CMI: 1.5716			1.5716	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:		3.45	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6021			1.6021	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$7,418,731.99	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)		(\$23,365)	\$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62	\$0.58
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	\$0.00	\$5.35	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.70	\$84.65	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6021								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.67	\$135.62	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.22	\$2.71	\$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	\$247.89	\$138.33	\$0.00	\$34.50	\$22.19	\$0.00	\$41.44	\$2.23	\$8.62	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.09									

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

**FINAL**

Provider: <b>Glenwood Health and Rehab Center</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00220514A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4921				1.4921	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 39.3%	2.5%	Quarterly Medicaid CMI: 1.3617				1.3617	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3825				1.3825	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,176.91	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjsmnts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.95	\$79.75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	\$0.08	\$4.58	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1.10
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.39	\$9.82	\$0.00	\$2.42	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.78	\$63.27	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3825								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIthr = Ln 16	\$150.98	\$87.47	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.05	\$92.81	\$0.00	\$15.79	\$15.68	\$0.00	\$41.44	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.71									

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

**FINAL**

Provider: <b>Glenwood Healthcare</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>701562744A</b>				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4106			1.4106	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 31.7%		31.7%	2.5%	Quarterly Medicaid CMI: 1.5502			1.5502	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 2.85		2.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5790			1.5790	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,182,871.00	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,465	\$274,400	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlmis	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,465	\$270,077	\$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2.95
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$7.58	\$0.00	\$2.73	\$2.90	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.95	\$48.87	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5790								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.25	\$77.17	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.98	\$81.17	\$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	\$120.66									

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

**FINAL**

Provider: <b>Gold City Health and Rehabilitation Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00142975A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5030				1.5030	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.61		Qtrly BIMS score 38.6%	2.5%	Quarterly Medicaid CMI: 1.7543				1.7543	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7876				1.7876	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187.00	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)		(\$25,679)	\$25,679
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8	Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$103.06	\$60.54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	\$5.61	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.40	\$0.00	\$1.83	\$2.10	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.80	\$47.68	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7876								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.35	\$85.23	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.70	\$1.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$159.81	\$89.59	\$0.00	\$12.01	\$13.96	\$0.00	\$34.17	\$0.58	\$8.69	\$0.81
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$107.03									

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

**FINAL**

Provider: <b>Gordon Health Care Center</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Facility Score: <b>N/A</b>		Add-on Percent: <b>18.37%</b>		Case Mix Index (CMI) Data:			Facility Specific: <b>1.3364</b>		State-wide: <b>1.3617</b>	
Prvdr ID: <b>00202848A</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: <b>Qtrly BIMS score 33.3%</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.37</b>		2.5%		Base Period Overall CMI: <b>1.4499</b>			1.5138	
								2.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.4742</b>			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b>	(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					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,100,809.08	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtslmts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457		
8	Total Nursing Facility Days	As Filed Days = 41,699												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,095												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3364</u>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	\$15.52	\$0.68		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	9.12	\$0.68		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allownc %	\$19.65	\$10.83	\$0.00	\$2.80	\$2.94	\$0.00	\$3.08	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.18	\$69.77	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4742</u>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.85										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.26	\$102.85	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68		
<b>Quarterly Per Diem Add-on Amounts</b>														
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57										
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.16	\$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	\$195.52	\$108.01	\$0.00	\$18.26	\$19.33	\$0.00	\$37.33	\$2.79	\$9.12	\$0.68		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.82											

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

**FINAL**

Provider: Grace Health Care of Tucker				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083267A				26.4%	1.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:				1.5096 1.6047 1.6340	1.3617 1.5138 1.5405	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		18.37%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score		2.0%								
		Nurse Hours per On-Site Day/Quality Incentive: 3.60										
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909.00	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49.99	\$0.00	\$15.37	\$17.92		\$20.56	\$2.27	10.17 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.07	\$9.18	\$0.00	\$2.82	\$3.29	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.74	\$59.17	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6340								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.25	\$96.68	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$195.41	\$100.11	\$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	\$133.73									

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

**FINAL**

Provider: <b>Gracemore Nursing Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141182A</b>			Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.1896			1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score 38.1%		2.5%		Quarterly Medicaid CMI: 1.4365			1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.00		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4611			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350.00	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.1896</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4611</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.10	\$102.25	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.16	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.14</b>	<b>\$108.41</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$20.28</b>	<b>\$0.00</b>	<b>\$37.29</b>	<b>\$2.43</b>	<b>\$7.57</b>	<b>\$1.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.53</b>									



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

**FINAL**

Provider: <b>Grandview Health Care Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide	
Prvdr ID: <b>00141226A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2061		1.2061	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.30		Qtrly BIMS score: 27.7%		27.7%	1.0%	Quarterly Medicaid CMI: 1.4762		1.4762	1.5138	
				Qtrly Mcaid CMI w RUG Wght Options: 1.5021		3.30	2.0%			1.5021	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753.00	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)		\$10,190	\$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8	Total Nursing Facility Days As Filed Days = 21,651 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	21,651									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18.41	\$18.08		\$19.28	\$3.15	9.90 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.15	\$11.91	\$0.00	\$3.38	\$3.32	\$0.00	\$3.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$76.72	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5021								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.97	\$115.24	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$1.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.86	\$3.98	\$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	\$217.83	\$119.22	\$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	\$150.55									

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

**FINAL**

Provider: <b>Green Acres Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00083014A</b>				Growth Allowance: N/A		35.5%	18.37%	Base Period Overall CMI: 1.1607			1.1607	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.2376			1.2376	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.22		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2600			1.2600	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,590.52	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	9.02 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.38	\$11.39	\$0.00	\$2.69	\$3.11	\$0.00	\$3.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$73.37	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2600								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.94	\$92.45	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$4.69	\$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	\$185.73	\$97.14	\$0.00	\$17.54	\$20.46	\$0.00	\$38.00	\$2.82	\$9.02	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.47									

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

**FINAL**

Provider: <b>Greene Point Healthcare</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142634A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2987	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		38.2%	2.5%	Quarterly Medicaid CMI:			1.5204	1.5138
				Qtrly Mcaid CMI w RUG Wght Options:		3.74	3.0%				1.5490	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,305.94	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	12.07 (FRV)	\$0.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.96	\$11.07	\$0.00	\$3.00	\$3.50	\$0.00	\$3.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.67	\$71.34	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5490								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.84	\$110.51	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.55	\$117.12	\$0.00	\$19.56	\$22.95	\$0.00	\$39.34	\$2.88	\$12.07	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.09									

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

**FINAL**

Provider: <b>Gwinnett Extended Care Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00781382A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4525				1.4525	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 48.5%		48.5%	5.5%	Quarterly Medicaid CMI: 1.5922				1.5922	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 6.35		6.35	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6205				1.6205	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530.09	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)		\$2,737	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4525								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOIhr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$184.81	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6205								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIhr = Ln 16	\$237.34	\$137.18	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.54	\$7.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.13	\$13.03	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.47	\$150.21	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.33	\$13.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.78									

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

**FINAL**

Provider: <b>Habersham Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141292A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.1936			1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: 54.2%		54.2%	5.5%	Quarterly Medicaid CMI: 1.3861			1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 6.18		6.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4068			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,494,717.33	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1936								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0.00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23.09		\$18.07	\$2.81	8.05 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altkwn %	\$22.94	\$13.14	\$0.00	\$2.24	\$4.24	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$84.65	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4068								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.10	\$119.09	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.81	\$10.12	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.91</b>	<b>\$129.21</b>	<b>\$0.00</b>	<b>\$14.65</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$38.86</b>	<b>\$2.81</b>	<b>\$8.05</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.86</b>									

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

**FINAL**

<div> <div> Provider: <b>Haralson Nursing and Rehab Center</b>  Prvdr ID: <b>00141325A</b> </div> <div> Case Mix Per Diem Rate Effective Date: 10/1/2020  MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20 </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 32.2%  Nurse Hours per On-Site Day/Quality Incentive: 3.35 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5429  Quarterly Medicaid CMI: 1.7702  Qtrly Mcaid CMI w RUG Wght Options: 1.8046 </div> <div> Facility Specific  1.5429  1.7702  1.8046 </div> <div> State-wide  1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.24	\$43.53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8.16 (FRV)	\$0.83
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.98	\$8.00	\$0.00	\$2.32	\$2.25	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.22	\$51.53	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8046								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.68	\$92.99	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$188.12	\$97.70	\$0.00	\$15.17	\$14.91	\$0.00	\$45.53	\$5.82	\$8.16	\$0.83
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$128.27									

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

**FINAL**

Provider: <b>Harborview Health Systems of Jesup</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141611A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4862		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 15.2%		0.0%		Quarterly Medicaid CMI: 1.4783		1.5138		
				4.02		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5038		1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458.00	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)		(\$31,133)	\$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11.52	(with L&H)	\$23.11	\$1.48	\$20.12	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23.11	\$1.48	\$20.12	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1.48	7.18 (FRV)	\$0.97
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.33	\$8.79	\$0.00	\$2.64	\$2.12	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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 Qtr End		1.5038								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.78	\$85.18	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.82	\$3.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$170.60	\$88.27	\$0.00	\$17.21	\$14.05	\$0.00	\$41.44	\$1.48	\$7.18	\$0.97
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$115.13									

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

**FINAL**

Provider: Harborview Health Systems - Pierce		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142447A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2039				1.2039	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 16.7%		16.7%	0.0%	Quarterly Medicaid CMI: 1.5050				1.5050	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 5.67		5.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5307				1.5307	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551.00	\$3,155,485	\$0	\$784,196	\$36,621	\$528,430	\$1,268,859	\$45,310	\$269,650	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096
8	Total Nursing Facility Days	As Filed Days = 26,836										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,258										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0.00	\$31.33	\$22.68	(with L&H)	\$44.67	\$2.63	\$9.45	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.44	\$13.14	\$0.00	\$5.35	\$4.17	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.18	\$84.65	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5307								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.10	\$129.57	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.89	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.40	\$133.46	\$0.00	\$34.50	\$27.16	\$0.00	\$41.44	\$2.63	\$14.61	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.98									



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

**FINAL**

Provider: <b>Harborview Health Systems - Satilla</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142755A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3231	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Nurse Hours per On-Site Day/Quality Incentive:		11.7%	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5439	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				5.78	3.0%					1.5690	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,325,269.00	\$4,064,367	\$0	\$876,299	\$26,317	\$611,920	\$1,498,239	\$47,490	\$200,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.08	\$13.14	\$0.00	\$5.25	\$3.91	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.84	\$84.65	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5690								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.01	\$132.82	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$21.71	\$3.98	\$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	\$251.72	\$136.80	\$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	\$175.97									

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

**FINAL**

Provider: Harborview Health Systems - Thomaston		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140621A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2365				1.2365	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.19		Qtrly BIMS score 31.9%	2.5%	Quarterly Medicaid CMI: 1.5153				1.5153	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5413				1.5413	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521.00	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days	As Filed Days = 36,047										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,871										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days										
		FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.16	\$10.48	\$0.00	\$2.80	\$2.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.55	\$67.51	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.09	\$104.05	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.03	\$109.26	\$0.00	\$18.24	\$13.94	\$0.00	\$41.44	\$1.50	\$8.73	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.70									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Harrington Park</b> Prvdr ID: <b>003165726A</b> H/B ?: No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 4.12			Add-on Percent 18.37% 1.0% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.1558 Quarterly Medicaid CMI: 1.1720 Qtrly Mcaid CMI w RUG Wght Options: 1.5405			Facility Specific Use Stwd 1.3617 1.5138 1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.80	\$7.37
	Allowed @ 95% of Std		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.80	\$7.37
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.13	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.76	\$37.80	\$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			1.1720							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$94.24								
	Quarterly Medicaid CMA Allowed Per Diem		\$211.96	\$94.24		\$20.70	\$25.97		\$23.12	\$2.76	\$37.80	\$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$0.94	\$0.94								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.83	\$2.83								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.87									
	Quarterly Case Mix Based Per Diem Rate		\$232.83	\$98.01		\$20.70	\$25.97		\$40.22	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$161.80										

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

**FINAL**

Provider: <b>Hart Care Center</b> Prvdr ID: <b>00167857A</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>			Growth Allowance: <b>N/A</b>			<b>18.37%</b>	Base Period Overall CMI: <b>1.5289</b>			<b>1.5289</b>	<b>1.3699</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Qtrly BIMS score: <b>36.1%</b>			<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6173</b>			<b>1.6173</b>	<b>1.5138</b>	
			Nurse Hours per On-Site Day/Quality Incentive: <b>3.53</b>			<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6461</b>			<b>1.6461</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjsmnts	(\$78,118)	\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.6461								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.71	\$96.33	\$0.00	\$16.12	\$13.83	\$0.00	\$21.48	\$1.32	\$7.13	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwrd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$4.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$179.68	\$101.20	\$0.00	\$16.34	\$14.24	\$0.00	\$38.95	\$1.32	\$7.13	\$0.50
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$121.94									

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

**FINAL**

Provider: <b>Hartwell Health and Rehabilitation</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141413A</b>			Growth Allowance: N/A			23.5%	18.37%	Base Period Overall CMI: 1.3222			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score 23.5%			1.0%	1.0%	Quarterly Medicaid CMI: 1.3813			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.48			4.0%	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4029			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(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	<b>1</b> All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275.00	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,055							31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3222</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.93	\$11.22	\$0.00	\$5.35	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.84	\$72.30	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4029</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.97	\$101.43	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$23.11	\$5.60	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.08</b>	<b>\$107.03</b>	<b>\$0.00</b>	<b>\$34.50</b>	<b>\$17.05</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.81</b>	<b>\$8.18</b>	<b>\$0.07</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.49</b>									

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

**FINAL**

Provider: Hazlehurst Court Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059705A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4494				1.4494	1.3617
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 26.4%		26.4%	1.0%	Quarterly Medicaid CMI: 1.4808				1.4808	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.58		2.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5064				1.5064	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,073,423.00	\$1,404,920	\$0	\$314,016	\$112,585	\$178,967	\$808,389	\$15,264	\$239,282	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,751
8	Total Nursing Facility Days	As Filed Days = 21,818										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,682										
		FY12 Audited C/R Days	21,818									
		FY 18 GL-PL Ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.79	\$7.98	\$0.00	\$2.66	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.12	\$51.43	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5064								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.16	\$77.47	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Slnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.62	\$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	\$163.51	\$81.09	\$0.00	\$17.38	\$15.66	\$0.00	\$41.44	\$0.62	\$6.78	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.81									

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

**FINAL**

Provider: <b>Heardmont Nursing Home</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00082981A</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.1433	1.3617
				Nurse Hours per On-Site Day/Quality Incentive:		28.2%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6099	1.5138
						2.91	3.0%				1.6406	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340.00	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8	Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	\$3.50	\$8.57	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75		\$19.62	\$3.50	\$8.57	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56 (FRV)	\$1.35
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.00	\$9.20	\$0.00	\$2.96	\$4.24	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.33	\$59.30	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6406								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.32	\$97.29	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.42	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$201.43	\$101.71	\$0.00	\$19.29	\$27.33	\$0.00	\$40.69	\$3.50	\$7.56	\$1.35
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$138.25									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Heart of Georgia</b> Prvdr ID: <b>00141358A</b> H/B ? : No			Case Mix Per Diem Rate Effective Date: <b>10/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Add-on Data and Percentages Growth Allowance: N/A BIMS: 20.8% Nurse Hours per On-Site Day/Quality Incentive: 2.69		Add-on Percent 18.37% 1.0% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.2133 Quarterly Medicaid CMI: 1.7926 Qtrly Mcaid CMI w RUG Wght Options: 1.8282			Facility Specific 1.2133 1.7926 1.8282		State-wide 1.3617 1.5138 1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g		h	i			
CASE MIX BASED RATE CALCULATIONS															
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1						
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities						
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes						
	Peer Group Standards & Efficiency Measure Limits														
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%						
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%						
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
	Per Diem Costs and Add-ons														
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 26,069					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								33,100					
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.41	\$0.15			
	Allowed @ 95% of Std		\$140.45	\$67.93		\$17.49	\$21.94		\$19.53		\$13.41	\$0.15			
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59						
	CMA Allowed Per Diem (After Growth Allowance)		\$164.55	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.79	\$13.41	\$0.15			
	Quarterly Facility Case Mix Index for Medicaid Residents			1.8282							(FRV Rate)				
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$147.00											
	Quarterly Medicaid CMA Allowed Per Diem		\$231.14	\$147.00		\$20.70	\$25.97		\$23.12	\$0.79	\$13.41	\$0.15			
	Quarterly Per Diem Add-On Amounts														
	BIMS Add-on Per Diem = 1.0% o Routine Srvs)		\$1.47	\$1.47											
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.41	\$4.41											
	Nursing Home Provider Fee		\$17.10						17.10						
	Total Quarterly Per Diem Add-On Amounts		\$22.98												
	Quarterly Case Mix Based Per Diem Rate		\$254.12	\$152.88		\$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%	\$177.77													



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

**FINAL**

Provider: <b>Heritage Healthcare -Forsyth, LLC</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141017A</b>		Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3861			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		34.2%		2.5%		Quarterly Medicaid CMI: 1.7317			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.83		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7631			1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363.00	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3861								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25 (FRV)	\$1.24
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.86	\$65.27	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7631								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.67	\$115.08	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.96	\$6.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$214.63	\$121.94	\$0.00	\$15.30	\$23.78	\$0.00	\$38.07	\$7.05	\$7.25	\$1.24
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$148.15									

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

**FINAL**

Provider: <b>Heritage Healthcare -Grandview, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141215A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4300				1.4300	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.26		Qtrly BIMS score 25.9%	1.0%	Quarterly Medicaid CMI: 1.6269				1.6269	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6577				1.6577	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099.00	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719,325	\$173,230	\$250,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)	(\$92,840)		(\$43,856)	\$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0	\$471,835	\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjslmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4300								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjslmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.60	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	11.45 (FRV)	\$1.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altkwn %	\$20.52	\$10.60	\$0.00	\$2.65	\$3.75	\$0.00	\$3.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.12	\$68.32	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6577								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.05	\$113.25	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$220.21	\$118.31	\$0.00	\$17.30	\$24.57	\$0.00	\$40.15	\$7.09	\$11.45	\$1.34
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$152.33									

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

**FINAL**

Provider: <b>Heritage Inn of Barnesville</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide												
Prvdr ID: <b>00143613A</b>				Add-on Data and Percentages		Growth Allowance:		Base Period Overall CMI:			1.3499		1.3617												
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		48.5%			Quarterly Medicaid CMI:			1.5780		1.5138											
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.23			Qtrly Mcaid CMI w RUG Wght Options:			1.6053		1.5405											
Line #		Description		Sources / Calculations		Totals		Routine Services		Special Services		Dietary		Laundry & Houskpng		Plant Operatns & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance	
						a		b		c		d		e		f		g		g		h		i	
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1		<b>Cost Center Peer Groups</b>		(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							
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																									
2		Peer Group Standards: Percentile		(see Policy Manual)		90.0%		90.0%		90.0%		85.0%						50.0%							
3		Peer Group Standards: Multiplier		(see Policy Manual)		100.0%		100.0%		100.0%		100.0%						105.0%							
4		Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual)		\$0.53		\$0.00		\$0.22		\$0.41						\$0.37							
<b>Base Period Per Diem Allowed Amounts</b>																									
5		As Filed Cost Center Costs (Routine & Special Svcs Combined)		As Filed FY12 C/R -FY 2018 GL-PL Rpt		\$4,953,065.08		\$2,698,086		\$0		\$540,262		\$316,196		\$272,627		\$637,292		\$112,121		\$376,481		\$0	
6		Audit Adjustments and Reallocations to Cost Center Costs		FY12 C/R Audit Adjstmnts		(\$24,917)		\$0		\$0		\$0		\$0		\$0		(\$25,520)				(\$23,865)		\$24,468	
7		Cost Center Costs After Audit Adjustments		FY12 Audited C/R		\$4,928,149		\$2,698,086		\$0		\$540,262		\$316,196		\$272,627		\$611,773		\$112,121		\$352,616		\$24,468	
8		Total Nursing Facility Days		As Filed Days = 39,325																					
		Total Nursing Facility Days GL-PL Ins. Rpt		As Filed Days = 39,775		FY 18 GL-PL Ins Rpt Days														39,775					
9		Net Per Diems prior to Case Mix Adjstmt to Routine Svcs		Ln 7 / Ln 8 Col a		\$125.29		\$68.61		\$0.00		\$13.74		\$14.97		(with L&H)		\$15.56		\$2.82		\$8.97		\$0.62	
10		Base Period Facility Case Mix Index for All Residents		from 4 qtrs of FY12				1.3499																	
11		Routine Svcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10				\$50.83																	
12		Net Per Diems after Case Mix Adjstmt to Routine Svcs		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 Svcs)		per Peer Group Limits				\$71.51		\$0.00		\$18.41		\$23.09				\$20.56		\$0.00		N/A			
14		Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13		\$105.59		\$50.83		\$0.00		\$13.74		\$14.97				\$15.56		\$2.82		7.05 (FRV)		\$0.62	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15		Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %		\$17.47		\$9.34		\$0.00		\$2.52		\$2.75		\$0.00		\$2.86		N/A		N/A		N/A	
16		CMA Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 + Ln 15		\$123.06		\$60.17		\$0.00		\$16.26		\$17.72		\$0.00		\$18.42		\$2.82		\$7.05		\$0.62	
17		Quarterly Facility Case Mix Index for Medicaid Residents		per Current Qtr End				1.6053																	
18		Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem		Ln 16 x Ln 17				\$96.59																	
19		Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16		\$159.48		\$96.59		\$0.00		\$16.26		\$17.72		\$0.00		\$18.42		\$2.82		\$7.05		\$0.62	
<b>Quarterly Per Diem Add-on Amounts</b>																									
20		Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)		(see Policy Manual)		\$1.53		\$0.53		\$0.00		\$0.22		\$0.41		\$0.00		\$0.37				\$0.00			
21		BIMS Add-on Per Diem = 5.5% (to Routine Svcs)		Ln 19 Col b x CPS Add-on		\$5.31		\$5.31																	
22		Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)		Ln 19 Col b x Stfng Add-on		\$2.90		\$2.90																	
23		Nursing Home Provider Fee		(Fixed Amount)		\$17.10												\$17.10							
24		Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23		\$26.84		\$8.74		\$0.00		\$0.22		\$0.41		\$0.00		\$17.47		\$0.00		\$0.00		\$0.00	
25		Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24		\$186.32		\$105.33		\$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		\$126.92																			

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

**FINAL**

Provider: <b>Heritage Inn of Sandersville</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00142678A</b>				Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3183				1.3617	
		Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score		45.1%		5.5%		Quarterly Medicaid CMI: 1.7884				1.5138	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.46		3.46		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.8218				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>						
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
	<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,685.33	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$21,030)	\$21,905			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905			
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01			
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3183</u>											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01			
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$18.61	\$9.73	\$0.00	\$2.69	\$3.14	\$0.00	\$3.05	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.72	\$62.67	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01			
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8218</u>											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.17											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.22	\$114.17	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01			
	<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.28	\$6.28											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.34	\$10.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$213.56	\$124.41	\$0.00	\$17.58	\$20.64	\$0.00	\$37.13	\$2.67	\$10.12	\$1.01			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$147.35												

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

**FINAL**

Provider: <b>Heritage Inn of Statesboro</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00142161A</b>				Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2962				1.3617	
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		36.1%		2.5%		Quarterly Medicaid CMI: 1.6008				1.5138	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.23		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6314				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,625,557.37	\$1,942,671	\$0	\$400,417	\$189,018	\$260,754	\$492,323	\$88,441	\$251,933	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189			
8	Total Nursing Facility Days As Filed Days = 28,133	FY12 Audited C/R Days	28,133												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpt Days								28,694					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2962											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$1.04			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	7.06 (FRV)	\$1.04			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.43	\$9.79	\$0.00	\$2.60	\$2.94	\$0.00	\$3.10	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.93	\$63.06	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6314											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.88											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.75	\$102.88	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.01</b>	<b>\$108.04</b>	<b>\$0.00</b>	<b>\$16.99</b>	<b>\$19.33</b>	<b>\$0.00</b>	<b>\$37.47</b>	<b>\$3.08</b>	<b>\$7.06</b>	<b>\$1.04</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.93</b>												

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

**FINAL**

Provider: <b>High Shoals Health &amp; Rehabilitation</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00212814A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3425				1.3425	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 26.3%	1.0%	Quarterly Medicaid CMI: 1.2961				1.2961	1.5138	
				3.22	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3152				1.3152	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039.00	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	(\$83,346)		(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$2.92	15.49 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.09	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3152								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.77	\$111.33	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$5.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$226.43	\$116.89	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.92	\$15.49	\$0.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$157.00									

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

**FINAL**

Provider: <b>Hill Haven Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00448456A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.2298</b>				<b>1.2298</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>36.4%</b>		<b>2.5%</b>		Quarterly Medicaid CMI: <b>1.3863</b>				<b>1.3863</b>	<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.15</b>		<b>3.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.4104</b>				<b>1.4104</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,142,256.00	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$2,086)	(\$42,166)		(\$40,283)	\$37,807
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,086,999	\$1,567,530	\$0	\$318,402	\$214,937	\$198,025	\$490,696	\$62,431	\$197,171	\$37,807
8	Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$55.63	\$0.00	\$13.90	\$18.02		\$20.56	\$2.62	9.77 (FRV)	\$1.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.86	\$10.22	\$0.00	\$2.55	\$3.31	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.01	\$65.85	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4104								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.03	\$92.87	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$192.40	\$98.51	\$0.00	\$16.67	\$21.74	\$0.00	\$41.44	\$2.62	\$9.77	\$1.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$131.48									

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

**FINAL**

Provider: <b>Jesup Health Care</b> Prvdr ID: <b>00142689A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score <b>41.0%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.38</b>	<b>N/A</b> <b>41.0%</b> <b>3.38</b>	<b>18.37%</b> <b>2.5%</b> <b>4.0%</b>	Base Period Overall CMI: <b>1.4500</b> Quarterly Medicaid CMI: <b>1.9299</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.9677</b>				<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,416,685.96	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,281)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
8	Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4500</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.51	\$8.32	\$0.00	\$2.32	\$3.21	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.90	\$53.61	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9677</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.78	\$105.49	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.49	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.27</b>	<b>\$112.88</b>	<b>\$0.00</b>	<b>\$15.16</b>	<b>\$21.08</b>	<b>\$0.00</b>	<b>\$41.08</b>	<b>\$0.97</b>	<b>\$6.58</b>	<b>\$0.52</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.88</b>									



Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Joe-Ann Burgin Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141633A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2689	1.3617	
H/B ?: yes				Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		BIMS	38.5%	Quarterly Medicaid CMI:			1.1048	1.5138	
				MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%			Qtrly Mcaid CMI w RUG Wght Options:	1.1174	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2010												
FY2010 C/R -FY 2018 GL-PL Rpt												
Inflation (July 2012) @ 2.06%												
Patient Days												
FY 2010 Cost Rpt												
FY 18 GL-PL Ins Rpt Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 18.37%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Srvc)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Joe-Ann Burgin Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141633A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2689	1.3617	
H/B ?: No				Case Mix Per Diem Rate Effective Date: <b>10/23/20</b>		BIMS	2.5%	Quarterly Medicaid CMI:			1.1048	1.5138	
				MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1174	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost <b>2010</b>	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>1.2689</b>								
	Routine Services Case Mix Adjusted Net Per Diem			\$62.06								
	Net Per Diems After Case Mix Adjustments		\$127.97	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$130.28	\$62.06		\$17.69	\$17.17		\$19.31	\$1.36	12.40	0.29
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance 18.37%		\$21.35	\$11.40		\$3.25	\$3.15		\$3.55			
	CMA Allowed Per Diem After Growth Allowance		\$151.63	\$73.46		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.1174</b>								
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$82.08								
	Quarterly Medicaid CMA Allowed Per Diem		\$160.25	\$82.08		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
	<b>Quarterly Per Diem Add-On Amounts</b>											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.31	\$0.53		\$0.00	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)		\$2.05	2.05								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.46	2.46								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.92									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$183.17</b>	<b>\$87.12</b>		<b>\$20.94</b>	<b>\$20.73</b>		<b>\$40.33</b>	<b>\$1.36</b>	<b>\$12.40</b>	<b>\$0.29</b>
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	<b>\$124.55</b>										

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

**FINAL**

Provider: Jonesboro Nurs. & Rehab Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00531033A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.7250				1.7250	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.99		Qtrly BIMS score: 24.4%	1.0%	Quarterly Medicaid CMI: 1.6313				1.6313	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6608				1.6608	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862.00	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86 (FRV)	\$1.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.05	\$8.21	\$0.00	\$3.06	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.83	\$52.92	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6608								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.80	\$87.89	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.58	\$91.94	\$0.00	\$19.94	\$19.72	\$0.00	\$41.44	\$3.70	\$13.86	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.61									

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

**FINAL**

Provider: <b>Kentwood</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide	
Prvdr ID: <b>00143426A</b>				Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:		1.2689	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Nurse Hours per On-Site Day/Quality Incentive:		54.6%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:		1.5931	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>						5.09	3.0%			1.6211	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,877.69	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)		(\$256)	\$256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL Ins Rpt Days								33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0.00	\$19.87	\$17.45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2689								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$71.51	\$0.00	\$18.41	\$17.45		\$20.56	\$5.28	17.04 (FRV)	\$0.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.51	\$13.14	\$0.00	\$3.38	\$3.21	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.77	\$84.65	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6211								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.35	\$137.23	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.55	\$7.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$29.18	\$11.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.53	\$148.90	\$0.00	\$21.79	\$21.07	\$0.00	\$41.44	\$5.28	\$17.04	\$0.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.82									

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

**FINAL**

Provider: <b>Keyssville Nursing Home and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141655A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>	Growth Allowance: <b>N/A</b>	N/A	18.37%	Base Period Overall CMI: <b>1.3131</b>				1.3131	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score <b>54.2%</b>	54.2%	5.5%	Quarterly Medicaid CMI: <b>1.3393</b>				1.3393	1.5138		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>	3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3640</b>				1.3640	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358.28	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3131</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14.88	\$3.03	13.59 (FRV)	\$1.06
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.79	\$8.88	\$0.00	\$2.94	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.79	\$57.21	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3640</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.61	\$78.03	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.29	\$4.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$7.16	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.46</b>	<b>\$85.19</b>	<b>\$0.00</b>	<b>\$19.18</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$35.08</b>	<b>\$3.03</b>	<b>\$13.59</b>	<b>\$1.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.52</b>									

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

**FINAL**

Provider: Lafayette Nursing & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00399737A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:		1.4871	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		47.2%		5.5%	2.0%	Quarterly Medicaid CMI:		1.5313	1.5138	
				0.00				Qtrly Mcaid CMI w RUG Wght Options:		1.5565	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,256,560.00	\$4,885,876	\$0	\$883,051	\$416,107	\$519,499	\$1,637,603	\$385,084	\$529,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtslmts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	(\$4,163)		(\$85,898)	\$87,765
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	\$878,879	\$416,947	\$521,331	\$1,633,440	\$385,084	\$443,442	\$87,765
8	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4871								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8.60	\$8.05	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.47 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.63	\$10.79	\$0.00	\$2.93	\$3.13	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.56	\$69.52	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5565								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.25	\$108.21	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.95	\$5.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.37	\$8.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.62	\$116.85	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	\$8.60	\$16.47	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.64									

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

**FINAL**

Provider: <b>LaGrange Nurs, &amp; Rehab. Ctr.</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00270245A</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.4490	1.3617
				Nurse Hours per On-Site Day/Quality Incentive:		23.7%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4300	1.5138
						2.96	2.0%				1.4563	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$7,142,325.00	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)		\$46,284	\$30,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380
8	Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days								33,094		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4490								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.34	\$8.28	\$0.00	\$2.42	\$2.45	\$0.00	\$3.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$53.37	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4563								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.99	\$77.72	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.96	\$2.86	\$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	\$160.95	\$80.58	\$0.00	\$15.83	\$16.17	\$0.00	\$38.05	\$0.74	\$8.93	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.89									

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

**FINAL**

Provider: Lake City Nursing & Rehab Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141699A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.6589				1.6589	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.99		Qtrly BIMS score 46.5%	5.5%	Quarterly Medicaid CMI: 1.5603				1.5603	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5896				1.5896	1.5405	
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	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,284,046.00	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(\$142,967)	\$1,520,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250
8	Total Nursing Facility Days	As Filed Days = 81,185										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 83,030										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	8.80	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.65	\$8.35	\$0.00	\$2.69	\$2.76	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.08	\$53.81	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5896								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.81	\$85.54	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.70	\$4.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.90	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.71	\$93.34	\$0.00	\$17.53	\$18.20	\$0.00	\$35.85	\$3.03	\$8.80	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.46									



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

**FINAL**

Provider: Lake Crossing Heath Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00403939A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2839				1.2839	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.08		Qtrly BIMS score 48.3%	5.5%	Quarterly Medicaid CMI: 1.2980				1.2980	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3221				1.3221	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,362,617.00	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days	As Filed Days = 33,667										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,694										
		FY 18 GL-PL Ins Rpt Days								33,694		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19.64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2839								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	10.01 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.73	\$8.12	\$0.00	\$2.76	\$3.44	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.85	\$52.31	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3221								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.70	\$69.16	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.80	\$3.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.50	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.20	\$75.56	\$0.00	\$18.00	\$22.59	\$0.00	\$33.02	\$4.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.33									

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

**FINAL**

Provider: <b>Lakeland Villa Convalescent Center</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141732A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1323				1.1323	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 5.86		Qtrly BIMS score 33.3%	2.5%	Quarterly Medicaid CMI: 1.2245				1.2245	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2429				1.2429	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306.00	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392
8	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4.40	\$5.52	\$0.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00 (FRV)	\$0.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gnrth Allwnc %	\$24.70	\$12.57	\$0.00	\$5.35	\$3.61	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.77	\$80.99	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2429								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.44	\$100.66	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.06	\$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	\$240.38	\$105.72	\$0.00	\$34.50	\$23.68	\$0.00	\$37.88	\$4.40	\$34.00	\$0.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.46									

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

**FINAL**

Provider: <b>Lee County Health Care</b>				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00712665A</b>				Growth Allowance: N/A			18.37%	Base Period Overall CMI: 1.3504				1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 35.0%			2.5%	Quarterly Medicaid CMI: 1.5650				1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.87			3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5930				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201.33	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553		
8	Total Nursing Facility Days As Filed Days = 21,338 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	21,338							21,292				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3504</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.02	\$9.45	\$0.00	\$2.41	\$3.56	\$0.00	\$3.60	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$60.90	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5930</b>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.61	\$97.01	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.58</b>	<b>\$102.88</b>	<b>\$0.00</b>	<b>\$15.73</b>	<b>\$23.34</b>	<b>\$0.00</b>	<b>\$40.65</b>	<b>\$2.69</b>	<b>\$14.72</b>	<b>\$1.57</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.36</b>											

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

**FINAL**

Provider: Legacy Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141831A		Case Mix Per Diem Rate Effective Date: 10/1/2020	Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3485	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.51	2.5%	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3947	1.5138		
										1.4176	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496.00	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56 (FRV)	\$3.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.05	\$9.40	\$0.00	\$2.58	\$3.52	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.05	\$60.58	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4176								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.35	\$85.88	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.71	\$91.14	\$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	\$128.71									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Legacy Nursing Home</b> Prvdr ID: <b>00415522A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 47.4% Nurse Hours per On-Site Day/Quality Incentive: 4.63		Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2012 Quarterly Medicaid CMI: 1.3872 Qtrly Mcaid CMI w RUG Wght Options: 1.4140				Facility Specific: 1.2012 1.3872 1.4140	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 35,074		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								10,058		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	\$0.72
<u>Allowed @ 95% of Std</u>			\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$191.86	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.49	\$37.45	\$0.72
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.4140</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$113.70								
Quarterly Medicaid CMA Allowed Per Diem			\$225.15	\$113.70		\$20.70	\$25.97		\$23.12	\$3.49	\$37.45	\$0.72
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 5.5% to Routine Srvs)			\$6.25	\$6.25								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$4.55	\$4.55								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$27.90									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$253.05</b>	<b>\$124.50</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$3.49</b>	<b>\$37.45</b>	<b>\$0.72</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$176.96</b>										

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

**FINAL**

Provider: Life Care Center of Gwinnett		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00370873A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4103				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.79		Qtrly BIMS score: 22.7%	1.0%	Quarterly Medicaid CMI: 1.3405				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3594				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,665,058.00	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)		(\$61,690)	\$69,424
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days								43,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33	\$1.27
(FRV)												
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.96	\$12.06	\$0.00	\$3.05	\$3.07	\$0.00	\$3.78	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.06	\$77.73	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3594								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.00	\$105.67	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.49	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.49	\$110.43	\$0.00	\$19.89	\$20.17	\$0.00	\$41.44	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.04									

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

**FINAL**

Provider: Life Care Center of Lawrenceville		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00818914A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5316				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.64		Qtrly BIMS score 25.7%	1.0%	Quarterly Medicaid CMI: 1.3285				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3479				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559.00	\$4,408,813	\$0	\$809,583	\$359,692	\$476,855	\$1,418,629	\$99,060	\$722,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)		(\$97,284)	\$120,259
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0	\$809,583	\$370,532	\$491,226	\$1,362,033	\$99,060	\$625,643	\$120,259
8	Total Nursing Facility Days	As Filed Days = 42,756										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,867										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3.21	\$14.63	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.5316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$18.93	\$20.16		\$31.86	\$3.21	\$14.63	\$2.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3.21	17.72 (FRV)	\$2.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.23	\$12.37	\$0.00	\$3.38	\$3.70	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3479								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.16	\$107.43	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.33	\$4.82	\$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	\$223.49	\$112.25	\$0.00	\$21.79	\$24.27	\$0.00	\$41.44	\$3.21	\$17.72	\$2.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.79									





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

**FINAL**

Provider: <b>Lillian G. Carter Nursing Center</b> Prvdr ID: <b>00142524A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 52.6% Nurse Hours per On-Site Day/Quality Incentive: 3.49		<u>Facility Score</u> 52.6% 3.49	<u>Add-on Percent</u> 18.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3539 Quarterly Medicaid CMI: 1.6740 Qtrly Mcaid CMI w RUG Wght Options: 1.7063			<u>Facility Specific</u> 1.3539 1.6740 1.7063	<u>State-wide</u> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,412,647.88	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3539								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0.81
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7063								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.31								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.53	\$99.31	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
	<b>Quarterly Per Diem Add-on Amounts</b>											
21	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	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.46	\$5.46								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.07	\$8.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.60	\$108.28	\$0.00	\$15.56	\$21.40	\$0.00	\$36.17	\$2.83	\$8.55	\$0.81
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.38									

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

**FINAL**

Provider: <b>Lumber City Nurs. &amp; Rehab. Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00270256A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.7031	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score	40.6%	Quarterly Medicaid CMI:				1.5440	1.5138	
					2.87	Qltry Mcaid CMI w RUG Wght Options:				1.5704	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757.00	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)		\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.32	\$7.27	\$0.00	\$2.73	\$3.03	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.88	\$46.83	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5704								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.59	\$73.54	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$165.27	\$78.12	\$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	\$111.13									

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

**FINAL**

Provider: <b>Lynn Haven Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083036A</b>				Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3693	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score	47.8%	5.5%	Quarterly Medicaid CMI:				1.4823	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5082	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,045.65	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,161							30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3693</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.00	\$11.89	\$0.00	\$2.94	\$3.61	\$0.00	\$3.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.98	\$76.59	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5082</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.90	\$115.51	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.35	\$6.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.45	\$10.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.35</b>	<b>\$125.86</b>	<b>\$0.00</b>	<b>\$19.14</b>	<b>\$23.68</b>	<b>\$0.00</b>	<b>\$40.42</b>	<b>\$3.23</b>	<b>\$12.04</b>	<b>\$0.98</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.19</b>									

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

**FINAL**

Provider: <b>Madison Hlth &amp; Rehab</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00083278A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3682				1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score 56.6%	5.5%	Quarterly Medicaid CMI: 1.4727				1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5023				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,436,321.00	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.20	\$0.00	\$18.81	\$26.62		\$14.32	\$3.46	\$0.18	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14.32	\$3.46	9.76 (FRV)	\$1.61
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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)	Ln 14 + Ln 15	\$143.87	\$62.97	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5023								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.50	\$94.60	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.04	\$8.57	\$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	\$201.54	\$103.17	\$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	\$138.33									

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

**FINAL**

Provider: <b>Magnolia Manor Columbus East</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083047A</b>			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.5222			1.5222	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 20.2%			20.2%	1.0%	Quarterly Medicaid CMI: 1.7374			1.7374	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.71			4.71	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7722			1.7722	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,445,631.00	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.14	\$80.62	\$0.00	\$17.71	\$20.11	(with L&H)	\$23.22	\$3.34	\$13.70	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5222</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3.34	\$13.70	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72 (FRV)	\$0.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45	\$9.73	\$0.00	\$3.25	\$3.69	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.29	\$62.69	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7722</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.70	\$111.10	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.51</b>	<b>\$117.18</b>	<b>\$0.00</b>	<b>\$21.18</b>	<b>\$24.21</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$3.34</b>	<b>\$9.72</b>	<b>\$0.44</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.31</b>									

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

**FINAL**

Provider: <b>Magnolia Manor Columbus West</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083124A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3234	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		50.0%	5.5%	Quarterly Medicaid CMI:			1.5838	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6149	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%				50.0%	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%				105.0%	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41				\$0.37	
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109.00	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3234</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45 (FRV)	\$0.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6149</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.15	\$100.20	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.30</b>	<b>\$109.25</b>	<b>\$0.00</b>	<b>\$19.29</b>	<b>\$23.63</b>	<b>\$0.00</b>	<b>\$34.07</b>	<b>\$2.89</b>	<b>\$10.45</b>	<b>\$0.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.40</b>									

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

**FINAL**

Provider: <b>Magnolia Manor Marion County</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141809A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		18.37%		Base Period Overall CMI: <b>1.2265</b>		1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score <b>37.5%</b>		2.5%		Quarterly Medicaid CMI: <b>1.6233</b>		1.5138		
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.33</b>		4.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.6559</b>		1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,708,581.00	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlms	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16.08	\$2.49	\$4.58	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0.00	\$14.85	\$23.09		\$16.08	\$2.49	30.34 (FRV)	\$0.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.32	\$101.13	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.80	\$7.11	\$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	\$223.12	\$108.24	\$0.00	\$17.80	\$27.33	\$0.00	\$36.50	\$2.49	\$30.34	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.52									

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

**FINAL**

Provider: <b>Magnolia Manor St. Simons</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141402A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.2961	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		53.0%	5.5%	Quarterly Medicaid CMI:				1.6752	1.5138	
		Nurse Hours per On-Site Day/Quality Incentive:		3.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7085	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049.00	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	\$147,316
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	\$15.78	\$3.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22 (FRV)	\$3.63
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.37	\$10.88	\$0.00	\$2.91	\$2.94	\$0.00	\$3.64	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.80	\$70.13	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7085								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.49	\$119.82	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.81	\$10.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$225.30	\$130.53	\$0.00	\$18.97	\$19.34	\$0.00	\$40.94	\$2.67	\$9.22	\$3.63
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$156.15									



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

**FINAL**

Provider: <b>Magnolia Manor Methodist Nursing Care</b> Prvdr ID: <b>00040785A</b>												
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 52.8% Nurse Hours per On-Site Day/Quality Incentive: 5.33			Facility Score: 52.8%	Add-on Percent: 18.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3316 Quarterly Medicaid CMI: 1.6950 Qtrly Mcaid CMI w RUG Wght Options: 1.7286			Facility Specific: 1.3316 1.6950 1.7286	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693.00	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days								63,134		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with L&H)	\$14.77	\$3.00	\$2.10	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	\$2.10	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.09	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	18.75 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.88	\$10.17	\$0.00	\$2.62	\$3.38	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$65.55	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7286								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.73	\$113.31	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.23	\$6.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.16	\$10.16	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$202.89	\$123.47	\$0.00	\$17.08	\$22.21	\$0.00	\$17.85	\$3.00	\$18.75	\$0.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$152.17									

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

**FINAL**

Provider: Manor Care Rehab Ctr of Marietta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00236211A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.6382	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 0.00 1.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.0652	1.5138	
										1.0765	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,342,490.00	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6382								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61		\$20.56	\$15.50	11.85 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.25	\$12.22	\$0.00	\$3.38	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.27	\$78.74	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0765								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.29	\$84.76	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.85	\$0.85								
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	\$18.89	\$1.38	\$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	\$197.18	\$86.14	\$0.00	\$21.79	\$18.89	\$0.00	\$41.44	\$15.50	\$11.85	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.06									

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

**FINAL**

Provider: <b>Manor Care Rehab Ctr of Decatur</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00159266A</b>			Growth Allowance: N/A				28.6%	18.37%	Base Period Overall CMI: 1.6688				1.6688	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score				1.0%	1.0%	Quarterly Medicaid CMI: 1.2206				1.2206	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 0.00				0.00	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2386				1.2386	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627.00	\$4,465,528	\$0	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)		\$54,437	\$69,914		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914		
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days								41,247				
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.54		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.6688</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04										
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15.64	\$1.54		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3.94	11.75 (FRV)	\$1.54		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <b>18.37%</b>	Ln 14 x Grwth Allwnc %	\$21.12	\$10.85	\$0.00	\$3.38	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.27	\$69.89	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2386</b>										
18	Qtrly Routine Svcs 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	\$169.95	\$86.57	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54		
<b>Quarterly Per Diem Add-on Amounts</b>														
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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87										
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>0.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.91	\$1.40	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.86</b>	<b>\$87.97</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$20.43</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$3.94</b>	<b>\$11.75</b>	<b>\$1.54</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.82</b>											

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

**FINAL**

Provider: <b>Maple Ridge Health Care Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00534619A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2349				1.2349	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.08		Qtrly BIMS score 41.9%	2.5%	Quarterly Medicaid CMI: 1.7026				1.7026	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7343				1.7343	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,943,033.00	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)		(\$38,939)	\$42,753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2349								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	14.08 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.30	\$11.33	\$0.00	\$3.38	\$3.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.60	\$73.00	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7343								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.20	\$126.60	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Istd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$7.50	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$241.21	\$134.10	\$0.00	\$21.79	\$24.98	\$0.00	\$41.44	\$3.15	\$14.08	\$1.67
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$168.08									

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

**FINAL**

Provider: <b>McRae Manor Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141853A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.1896				1.1896	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 30.1%		30.1%	2.5%	Quarterly Medicaid CMI: 1.4042				1.4042	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.63		3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4303				1.4303	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848.00	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)		(\$32,426)	\$32,426
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	\$208,660	\$16,691	\$32,426
8	Total Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days								40,423		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$117.94	\$66.02	\$0.00	\$16.33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.59	\$10.20	\$0.00	\$3.00	\$3.28	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.54	\$65.70	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4303								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.81	\$93.97	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.71
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.61</b>	<b>\$99.67</b>	<b>\$0.00</b>	<b>\$19.55</b>	<b>\$21.54</b>	<b>\$0.00</b>	<b>\$31.08</b>	<b>\$5.16</b>	<b>\$8.90</b>	<b>\$0.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.13</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

<b>Provider: Meadow Park H&amp;R</b> <b>Prvdr ID: 003167911A</b> <b>H/B ? : No</b>				<b>Add-on Data and Percentages</b> <b>Growth Allowance:</b> <b>BIMS:</b> <b>Nurse Hours per On-Site Day/Quality Incentive:</b>		<b>Facility Score</b> N/A 28.3% 4.06	<b>Add-on Percent</b> 18.37% 1.0% 3.0%	<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI:</b> <b>Quarterly Medicaid CMI:</b> <b>Qtrly Mcaid CMI w RUG Wght Options:</b>			<b>Facility Specific Use Stwd</b> 1.7352 1.7677	<b>State-wide</b> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 71,803		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								26,195		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
<u>Allowed @ 95% of Std</u>			\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58	\$6.74
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$190.26	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.74	\$30.58	\$6.74
Quarterly Facility Case Mix Index for Medicaid Residents				1.7677							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$142.14								
Quarterly Medicaid CMA Allowed Per Diem			\$251.99	\$142.14		\$20.70	\$25.97		\$23.12	\$2.74	\$30.58	\$6.74
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% o Routine Srvs)			\$1.42	\$1.42								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.26	\$4.26								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$22.79									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$274.78</b>	<b>\$147.82</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$2.74</b>	<b>\$30.58</b>	<b>\$6.74</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$193.26</b>										

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

**FINAL**

Provider: <b>Meadowbrook Healthcare</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141864A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5049				1.5049	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 65.0%		65.0%	5.5%	Quarterly Medicaid CMI: 1.9493				1.9493	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 2.38		2.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9870				1.9870	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382.01	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days								42,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.25	\$70.83	\$0.00	\$14.01	\$18.48	(with L&H)	\$20.15	\$0.96	\$27.72	\$2.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5049</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.31	\$8.65	\$0.00	\$2.57	\$3.39	\$0.00	\$3.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.72	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9870</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.15	\$110.72	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.98	\$9.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.13</b>	<b>\$120.66</b>	<b>\$0.00</b>	<b>\$16.80</b>	<b>\$22.28</b>	<b>\$0.00</b>	<b>\$41.26</b>	<b>\$0.96</b>	<b>\$14.07</b>	<b>\$2.10</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.77</b>									



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

**FINAL**

<div> <div> Provider: <b>Medical Management H &amp; R</b>  Prvdr ID: <b>00141941A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 33.3%  Nurse Hours per On-Site Day/Quality Incentive: 2.73 </div> <div> Add-on Percent  18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4091  Quarterly Medicaid CMI: 1.4557  Qtrly Mcaid CMI w RUG Wght Options: 1.4833 </div> <div> Facility Specific  1.4091  1.4557  1.4833 </div> <div> State-wide  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$14,060)	\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days 31,340										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
10	Base Period Facility <u>Case Mix Index</u> for All Residents from 4 qtrs of FY10			<b>1.4091</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60 (FRV)	\$1.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$13.11	\$6.18	\$0.00	\$1.97	\$2.47	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.35	\$39.81	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents per Current Qtr End			<b>1.4833</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$113.59	\$59.05	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.88	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$135.47</b>	<b>\$62.83</b>	<b>\$0.00</b>	<b>\$12.93</b>	<b>\$16.34</b>	<b>\$0.00</b>	<b>\$33.49</b>	<b>\$0.59</b>	<b>\$7.60</b>	<b>\$1.69</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$88.78</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									



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

**FINAL**

Provider: <b>Memorial Manor Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141919A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2378				1.2378	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qltry BIMS score: 32.1%		32.1%	2.5%	Quarterly Medicaid CMI: 1.2128				1.2128	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.35		3.35	2.0%	Qltry Mcaid CMI w RUG Wght Options: 1.2303				1.2303	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259.00	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$16,797)	\$0	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5.44	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47 (FRV)	\$0.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.20	\$11.11	\$0.00	\$5.35	\$3.75	\$0.00	\$2.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$71.61	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2303								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.15	\$88.10	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
<b>Quarterly Per Diem Add-on Amounts</b>												
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.49	\$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	\$197.52	\$92.59	\$0.00	\$34.50	\$24.57	\$0.00	\$36.73	\$0.25	\$8.47	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.32									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Miller Nursing Home</b> Prvdr ID: <b>00141996A</b> H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 50.8% Nurse Hours per On-Site Day/Quality Incentive: 5.77		Facility Score: N/A Add-on Percent: 18.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.1445 Qtrly Mcaid CMI w RUG Wght Options: 2.1856				Facility Specific: 1.5198 2.1445 2.1856	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 38,601		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								18,105		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56		\$21.44	\$0.29
<u>Allowed @ 95% of Std</u>			\$158.82	\$67.93		\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
Growth Allowance 18.4%			\$25.18	\$12.48		\$5.09	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.73	\$80.41		\$32.78	\$25.97		\$23.12	\$ 2.73	\$21.44	\$0.29
Quarterly Facility Case Mix Index for Medicaid Residents				<b>2.1856</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$175.74								
Quarterly Medicaid CMA Allowed Per Diem			\$282.07	\$175.74		\$32.78	\$25.97		\$23.12	\$2.73	\$21.44	\$0.29
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 5.5% to Routine Srvs)			\$9.67	\$9.67								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$5.27	\$5.27								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$32.04									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$314.10</b>	<b>\$190.68</b>		<b>\$32.78</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$2.73</b>	<b>\$21.44</b>	<b>\$0.29</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$222.75</b>										

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

**FINAL**

Provider: <b>Miona Geriatric &amp; Dementia Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141578A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.1439	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.84	59.5%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.7649	1.5138
					3.84	3.0%					1.7976	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389.00	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25,858)	\$26,915
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1439								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	9.89 (FRV)	\$0.87
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.68	\$8.71	\$0.00	\$2.65	\$2.64	\$0.00	\$2.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.88	\$56.15	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7976								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$100.94	\$100.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.67	\$100.94	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.21	\$9.11	\$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	\$191.88	\$110.05	\$0.00	\$17.29	\$17.42	\$0.00	\$34.73	\$1.63	\$9.89	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.09									

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

**FINAL**

Provider: <b>Mitchell Convalescent Center</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142018A</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3464	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		37.1%	2.5%	Quarterly Medicaid CMI:				1.3495	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		4.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3697	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579.00	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$406,209	\$8,340	\$95,244	\$5,435
8	Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211									
	Total Nursing Facility Days GL-PL 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 Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60	\$0.48	\$5.53	\$0.32
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3464								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$55.24	\$0.00	\$29.15	\$23.09		\$20.56	\$0.48	10.50 (FRV)	\$0.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.52	\$10.15	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.86	\$65.39	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3697								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.03	\$89.56	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$5.46	\$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	\$209.59	\$95.02	\$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	\$144.37									

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

**FINAL**

Provider: <b>Montezuma Health &amp; Rehab</b> Prvdr ID: <b>00142062A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: N/A Qtrly BIMS score 59.3% Nurse Hours per On-Site Day/Quality Incentive: 3.74		N/A	18.37% 5.5% 2.0%	Base Period Overall CMI: 1.2929 Quarterly Medicaid CMI: 1.5886 Qtrly Mcaid CMI w RUG Wght Options: 1.6164			1.2929 1.5886 1.6164	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663.08	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,011							29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.80	\$80.31	\$0.00	\$13.61	\$17.44	(with L&H)	\$19.06	\$3.28	\$23.85	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2929</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.61	\$11.41	\$0.00	\$2.50	\$3.20	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.79	\$73.53	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6164</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.11	\$118.85	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.55	\$9.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.66</b>	<b>\$128.30</b>	<b>\$0.00</b>	<b>\$16.33</b>	<b>\$21.05</b>	<b>\$0.00</b>	<b>\$40.03</b>	<b>\$3.28</b>	<b>\$9.42</b>	<b>\$1.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.92</b>									

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

**FINAL**

Provider: <b>Mountain View Health and Rehab Center</b> Prvdr ID: <b>00143184A</b>												
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 27.4% Nurse Hours per On-Site Day/Quality Incentive: 3.74			<u>Facility Score</u> 18.37% 1.0% 2.0%	<u>Add-on Percent</u> 18.37% 1.0% 2.0%			<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4052 Quarterly Medicaid CMI: 1.4134 Qtrly Mcaid CMI w RUG Wght Options: 1.4363		
			Facility Specific	1.4052	1.3617	1.4134	1.5138	1.4363	1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222.00	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$18,695)	\$16,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,671
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4052</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.46
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$15.85	\$7.59	\$0.00	\$2.30	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4363</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.25								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.07	\$70.25	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.41	\$1.41								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.74	\$2.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$152.81	\$72.89	\$0.00	\$15.06	\$20.58	\$0.00	\$35.72	\$0.59	\$7.51	\$0.46
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$101.78									

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

**FINAL**

Provider: <b>Muscogee Manor &amp; Rehab Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00083223A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2862				1.2862	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score 43.7%	2.5%	Quarterly Medicaid CMI: 1.5443				1.5443	1.5138	
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.5723				1.5723	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213.00	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$100.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$100.34	\$0.00	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$0.00	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.03	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5723								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$133.10	\$133.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.48	\$133.10	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$7.32	\$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	\$265.90	\$140.42	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.60									

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

**FINAL**

Provider: National Health Care of Rossville		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083146A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3032				1.3032	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 36.9%		36.9%	2.5%	Quarterly Medicaid CMI: 1.1770				1.1770	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.54		3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1949				1.1949	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305.00	\$2,938,284	\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)		(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21.98	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15.21	\$16.04		\$20.74	\$4.60	\$21.98	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04		\$20.56	\$4.60	9.27 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.07	\$11.55	\$0.00	\$2.79	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.62	\$74.41	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1949								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.12	\$88.91	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.42	\$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	\$188.27	\$94.33	\$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	\$128.38									



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

**FINAL**

Provider: <b>Nancy Hart Nursing Center</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00141336A</b>				Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2652				1.3617	
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		34.5%		2.5%		Quarterly Medicaid CMI: 1.0829				1.5138	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.63		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.1002				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
	<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272.00	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584			
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days								18,642					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2652											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14 (FRV)	\$1.29			
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.11	\$8.07	\$0.00	\$2.71	\$3.03	\$0.00	\$3.30	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$51.99	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1002											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.20											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.98	\$57.20	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29			
	<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.72	\$1.72											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$148.76	\$60.88	\$0.00	\$17.67	\$19.93	\$0.00	\$38.76	\$3.09	\$7.14	\$1.29			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$98.75												

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

**FINAL**

Provider: <b>New Horizons Limestone</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00142007A</b>				Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2251				1.3617	
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		22.1%		1.0%		Quarterly Medicaid CMI: 1.1469				1.5138	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.36		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.1617				1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1						
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities						
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195.00	\$4,765,490	\$0	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$15,554)	\$5,530			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,530			
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days								41,758					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.12			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50	12.54 (FRV)	\$0.12			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.91	\$13.14	\$0.00	\$3.75	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$84.65	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.12			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1617											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.34											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.33	\$98.34	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.12			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.27	\$2.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.60	\$101.29	\$0.00	\$24.38	\$27.33	\$0.00	\$41.44	\$1.50	\$12.54	\$0.12			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.63												

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

**FINAL**

Provider: <b>New Horizons Lanier Park</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141072A</b>				Growth Allowance: N/A		31.2%	18.37%	Base Period Overall CMI: 1.2324			1.2324	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.2596			1.2596	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.96		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2759			1.2759	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558.00	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.47	\$84.65	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2759								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.82	\$108.00	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.86	\$0.00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$229.21	\$112.86	\$0.00	\$25.41	\$27.21	\$0.00	\$41.44	\$1.44	\$20.76	\$0.09
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$159.08									

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

**FINAL**

Provider: <b>Newnan Hosp. Health &amp; Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00040719A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		18.37%		Base Period Overall CMI: <b>1.2207</b>		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b>		Qtrly BIMS score <b>29.1%</b>		1.0%		Quarterly Medicaid CMI: <b>1.5636</b>		1.5138		
						2.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5924</b>		1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjslmts	(\$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 Adjstml to Routine Svcs	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		<u>1.2207</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	\$17.31	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$159.15	\$80.87	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5924</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.06	\$128.78	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.56	\$133.18	\$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	\$159.35									

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

**FINAL**

Provider: <b>NHC of Fort Oglethorpe</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00344759A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4032</b>				<b>1.4032</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>23.5%</b>		<b>1.0%</b>		Quarterly Medicaid CMI: <b>1.2789</b>				<b>1.2789</b>	<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>1.54</b>		<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.2986</b>				<b>1.2986</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191.00	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07)
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39		\$20.56	\$4.57	11.91 (FRV)	(\$0.07)
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.48	\$10.29	\$0.00	\$3.03	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.33	\$66.31	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07)
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2986								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.13	\$86.11	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07)
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.84	\$3.11	\$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	\$188.97	\$89.22	\$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	\$128.90									

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

**FINAL**

Provider: <b>Northeast Atlanta H &amp; R Ctr.</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00426214A</b>				Add-on Data and Percentages		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4802				1.3617	
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		39.0%		2.5%		Quarterly Medicaid CMI: 1.7477				1.5138	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.94		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7795				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b>	(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						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012.00	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774			
8	Total Nursing Facility Days	As Filed Days = 52,637													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,643													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.92	\$84.43	\$0.00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4802											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48		\$29.94	\$8.98	\$28.68	\$2.16			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48		\$20.56	\$8.98	11.93 (FRV)	\$2.16			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.82	\$10.48	\$0.00	\$3.17	\$3.39	\$0.00	\$3.78	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.22	\$67.52	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7795											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.15											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.85	\$120.15	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$7.13	\$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	\$234.71	\$127.28	\$0.00	\$20.64	\$22.28	\$0.00	\$41.44	\$8.98	\$11.93	\$2.16			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.21												

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

**FINAL**

Provider: <b>Northridge Hlth &amp; Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00059331A</b>		Growth Allowance: N/A		18.37%	Base Period Overall CMI:				1.3456	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		27.8%	Quarterly Medicaid CMI:				1.3950	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.68	Qtrly Mcaid CMI w RUG Wght Options:				1.4165	1.5405	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088.00	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	\$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days								56,103		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.72	\$11.73	\$0.00	\$3.16	\$3.63	\$0.00	\$3.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.06	\$75.61	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4165								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.55	\$107.10	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$0.00
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.91	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.46	\$111.91	\$0.00	\$20.58	\$23.82	\$0.00	\$38.10	\$3.04	\$10.01	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.77									

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

**FINAL**

Provider: <b>Nursecare of Buckhead</b> Prvdr ID: <b>00142183A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>26.5%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.49</b>		<b>N/A</b>	<b>18.37%</b> <b>1.0%</b> <b>0.0%</b>	Base Period Overall CMI: <b>1.3783</b> Quarterly Medicaid CMI: <b>1.4500</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.4746</b>			<b>1.3699</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maxinums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>			
3		(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>			
4		(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<b>1.3783</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>18.37%</b>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4746</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.85	\$91.97	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>0.0%</b> (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.18	\$1.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.03</b>	<b>\$93.42</b>	<b>\$0.00</b>	<b>\$18.30</b>	<b>\$22.99</b>	<b>\$0.00</b>	<b>\$44.87</b>	<b>\$3.64</b>	<b>\$9.58</b>	<b>\$3.23</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.20</b>									



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

**FINAL**

Provider: <b>Oak View Home - Waverly Hall</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142249A</b>			Growth Allowance: N/A			43.0%	18.37%	Base Period Overall CMI: 1.2630			1.2630	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			2.5%	2.5%	Quarterly Medicaid CMI: 1.3993			1.3993	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 2.74			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4229			1.4229	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,446.86	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.56	\$74.58	\$0.00	\$14.24	\$16.68	(with L&H)	\$15.86	\$2.68	\$4.04	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2630								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	\$4.04	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29 (FRV)	\$0.48
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.44	\$10.85	\$0.00	\$2.62	\$3.06	\$0.00	\$2.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.72	\$69.90	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4229								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.28	\$99.46	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
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	\$24.10	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.38	\$105.46	\$0.00	\$17.08	\$20.15	\$0.00	\$36.24	\$2.68	\$8.29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.96									

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

**FINAL**

Provider: Oakview Health & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142238A		Case Mix Per Diem Rate Effective Date: 10/1/2020	Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2538	1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	36.8%	2.5%					1.4911	1.5138	
				3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5181	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862.07	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14.93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.91	\$11.15	\$0.00	\$2.74	\$3.65	\$0.00	\$3.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$71.82	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5181								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$190.67	\$109.03	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.30	\$115.56	\$0.00	\$17.89	\$23.93	\$0.00	\$39.16	\$2.74	\$15.58	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.65									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Oceanside Health & Rehab - Tybee			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 003188970A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				Use Stwd	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 10/01/20		BIMS:	24.6%	Quarterly Medicaid CMI:				1.6385	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.34	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.6693	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 60,278		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,444		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
	Allowed @ 95% of Std		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$169.47	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.81	\$16.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6693							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$134.23								
	Quarterly Medicaid CMA Allowed Per Diem		\$223.29	\$134.23		\$20.70	\$25.97		\$23.12	\$2.81	\$16.46	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.34	\$1.34								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.34	\$1.34								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.78									
	Quarterly Case Mix Based Per Diem Rate		\$243.07	\$136.91		\$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%	\$169.48										

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

**FINAL**

<div> <div> Provider: <b>Oconee Health &amp; Rehab</b>  Prvdr ID: <b>00142293A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 39.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.44 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1620  Quarterly Medicaid CMI: 1.2700  Qtrly Mcaid CMI w RUG Wght Options: 1.2918 </div> <div> Facility Specific: 1.1620  1.2700  1.2918 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days								17,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67.61	\$0.00	\$18.41	\$23.09		\$20.56	\$2.78	9.85 (FRV)	\$0.56
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		1.2918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.03	\$103.38	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$6.21	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$213.34	\$109.59	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.78	\$9.85	\$0.56
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$147.18									

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

**FINAL**

Provider: <b>Oconee Regional SNF</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00947658A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 2.1590				1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 0.0%	0.0%	Quarterly Medicaid CMI: 1.4350				1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 9.60	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4640				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723.00	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,025)	\$0	\$0	\$0	\$0	\$0	(\$26,025)		(\$3,258)	\$3,258
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,247,306	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days								2,003		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		2.1590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$10.04	21.61 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.44	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4640								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.72	\$123.93	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$259.82	\$123.93	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$10.04	\$21.61	\$0.97
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$182.04									

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

**FINAL**

Provider: Orchard Health and Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142656A			Growth Allowance: N/A			18.37%		Base Period Overall CMI: 0.9752			1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020			Qtrly BIMS score: 50.7%			5.5%		Quarterly Medicaid CMI: 1.3460			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.44			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3701			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,470,206.84	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0	\$410,260	\$203,048	\$216,850	\$467,781	\$100,590	\$129,412	\$13,502
8	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.09	\$12.02	\$0.00	\$2.55	\$2.61	\$0.00	\$2.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.80	\$77.46	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3701								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.47	\$106.13	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.84	\$5.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$27.65	\$9.55	\$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	\$197.12	\$115.68	\$0.00	\$16.65	\$17.23	\$0.00	\$36.21	\$3.40	\$7.49	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.02									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Orchard View Rehab & Skilled NC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142117A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2690	1.3617
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/20		BIMS:	55.7%	Quarterly Medicaid CMI:			1.1867	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20				Nurse Hours per On-Site Day/Quality Incentive:		5.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2047	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 162,156		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,190		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
	Allowed @ 95% of Std		\$164.90	\$67.93		\$17.49	\$21.94		\$19.53		\$38.01	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.70	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.49	\$38.01	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2047							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$96.87								
	Quarterly Medicaid CMA Allowed Per Diem		\$207.16	\$96.87		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs)		\$5.33	\$5.33								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.91	\$2.91								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$8.23									
	Quarterly Case Mix Based Per Diem Rate		\$215.39	\$105.10		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$161.54										



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

**FINAL**

Provider: <b>Oxley Park Health &amp; Rehab</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143316A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3255	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			12.8%	0.0%	Quarterly Medicaid CMI:			1.3182	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.27	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3409	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,015.63	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	42,231							36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3255</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	\$17.12	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	16.60 (FRV)	\$0.90
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.84	\$10.72	\$0.00	\$2.61	\$2.90	\$0.00	\$3.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$69.07	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3409</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.67	\$92.62	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.33	\$4.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.00</b>	<b>\$96.85</b>	<b>\$0.00</b>	<b>\$17.06</b>	<b>\$19.12</b>	<b>\$0.00</b>	<b>\$40.74</b>	<b>\$2.73</b>	<b>\$16.60</b>	<b>\$0.90</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.68</b>									



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

**FINAL**

Provider: <b>Palemon Gaskins Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142326A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2317				1.2317	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.51		Qtrly BIMS score 33.3%	2.5%	Quarterly Medicaid CMI: 1.0897				1.0897	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1049				1.1049	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,880.96	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days								10,104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.74	\$12.47	\$0.00	\$5.35	\$4.24	\$0.00	\$3.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.78	\$80.34	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1049								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.21	\$88.77	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.41	\$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	\$213.09	\$94.18	\$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	\$146.99									

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

**FINAL**

Provider: <b>Park Place Nursing Facility</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00002164A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2699	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>	37.5%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.2898	1.5138
					2.0%					1.3089	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$7,751,354.00	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.18	\$10.67	\$0.00	\$2.77	\$2.81	\$0.00	\$1.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.43	\$68.74	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3089								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.66	\$89.97	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$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	\$182.34	\$94.55	\$0.00	\$18.09	\$18.51	\$0.00	\$29.88	\$5.92	\$14.03	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.93									

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

**FINAL**

Provider: <b>Parkside Ellijay</b>						Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141127A</b>						N/A	18.37%	Base Period Overall CMI:			1.3029	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>						Growth Allowance: N/A	2.5%	Quarterly Medicaid CMI:			1.7606	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>						Nurse Hours per On-Site Day/Quality Incentive: 3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7685	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,106,944.00	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days								29,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3029</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$2.12	9.60	\$1.45
											(FRV)	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allow %	\$22.19	\$9.89	\$0.00	\$4.28	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.15	\$63.72	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7685</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.12	\$112.69	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.17</b>	<b>\$119.42</b>	<b>\$0.00</b>	<b>\$27.81</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.12</b>	<b>\$9.60</b>	<b>\$1.45</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.05</b>									

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

**FINAL**

Provider: <b>Parkside Post Acute Care and Rehab</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00169199A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3690				1.3617			
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score 39.3%		2.5%		Quarterly Medicaid CMI: 1.5188				1.5138			
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.73		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5445				1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b>	(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						
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
	<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164.00	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911			
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95			
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
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	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5445											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.69											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.09	\$106.69	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95			
	<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$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	\$211.15	\$112.02	\$0.00	\$21.46	\$23.82	\$0.00	\$41.44	\$0.37	\$10.09	\$1.95			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.54												

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

**FINAL**

Provider: Pelham Parkway Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142425A		Growth Allowance: N/A		27.3%	18.37%	Base Period Overall CMI: 1.4543				1.4543	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 27.3%		1.0%	2.0%	Quarterly Medicaid CMI: 1.1488				1.1488	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.30				Qtrly Mcaid CMI w RUG Wght Options: 1.1653				1.1653	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260.00	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8	Total Nursing Facility Days	As Filed Days = 38,915										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,881										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.36	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.42	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.50	\$8.71	\$0.00	\$4.77	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.86	\$56.12	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1653								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.14	\$65.40	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.65	\$0.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.31	\$1.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.81	\$2.49	\$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	\$179.95	\$67.89	\$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	\$122.14									

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

**FINAL**

<div> <div> Provider: <b>Pine Knoll Nursing and Rehab Center</b>  Prvdr ID: <b>00142458A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.37 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4918  Quarterly Medicaid CMI: 1.7180  Qtrly Mcaid CMI w RUG Wght Options: 1.7502 </div> <div> Facility Specific: 1.4918  1.7180  1.7502 </div> <div> State-wide: 1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28.86	\$0.28	\$16.65	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.59	\$58.26	\$0.00	\$13.95	\$13.69		\$24.02	\$0.28	7.82 (FRV)	\$0.57
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alhwc %	\$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		1.7502								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.50	\$120.69	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Strng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$213.59	\$126.05	\$0.00	\$16.73	\$16.61	\$0.00	\$45.53	\$0.28	\$7.82	\$0.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$147.37									

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

**FINAL**

Provider: <b>Pinehill Nursing Center</b> Prvdr ID: <b>00083135A</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>37.7%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.95</b>		<b>N/A</b> <b>37.7%</b> <b>2.95</b>	<b>18.37%</b> <b>2.5%</b> <b>3.0%</b>	Base Period Overall CMI: <b>1.0657</b> Quarterly Medicaid CMI: <b>1.3777</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.4019</b>				<b>1.0657</b> <b>1.3777</b> <b>1.4019</b>	<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258.00	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	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 + Ln 15	\$145.11	\$76.22	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4019								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.74	\$106.85	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.25	\$113.26	\$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	\$137.36									

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

**FINAL**

<div> <div> Provider: <b>Pinewood Nursing Ctr</b>  Prvdr ID: <b>00142205A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.0%  Nurse Hours per On-Site Day/Quality Incentive: 2.60 </div> <div> Facility Score  Add-on Percent  18.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1182  Quarterly Medicaid CMI: 1.3205  Qtrly Mcaid CMI w RUG Wght Options: 1.3426 </div> <div> Facility Specific  1.1182  1.3205  1.3426 </div> <div> State-wide  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25.05	\$0.28	\$20.99	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1182								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0.28	\$20.99	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.96	\$56.44	\$0.00	\$17.51	\$19.52		\$23.46	\$0.28	7.35 (FRV)	\$1.40
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.49	\$10.37	\$0.00	\$3.22	\$3.59	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.45	\$66.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3426								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$89.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.34	\$89.70	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$191.29	\$92.92	\$0.00	\$20.95	\$23.52	\$0.00	\$44.87	\$0.28	\$7.35	\$1.40
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$130.64									



Provider: <b>Pinewood Manor Nursing Home</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142513A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3181		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.32		Qtrly BIMS score 39.7%		2.5%		Quarterly Medicaid CMI: 1.1705		1.5138		
				3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.1851				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,932.00	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	\$23,274
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days	As Filed Days = 35,486	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,000								34,000		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a		1.3181								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		\$36.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	Ln 9 / Ln 10		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Lesser of Ln 12 or Ln 13	\$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 x Grwth Allwnc %	\$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	Ln 14 + Ln 15		\$43.31								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End		1.1851								
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17	\$107.28	\$51.33	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	RS = Ln 18, AllOthr = Ln 16	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	(see Policy Manual)	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount)	\$21.45	\$3.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Sum of Lns 20 thru 23	\$128.73	\$54.68	\$0.00	\$17.88	\$15.30	\$0.00	\$31.14	\$1.16	\$7.91	\$0.66
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	Ln 19 + Ln 24	\$83.72									
		(Ln 25 - Ln 23) * 0.75										
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		\$147.00									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: <b>Pleasant View Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142546A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1323	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		38.6%	2.5%	Quarterly Medicaid CMI:			1.2623	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2823	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,026,915.00	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts (\$52,279)		\$0	\$0	\$0	\$0	\$0	(\$86,136)		\$5,825	\$28,032
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,032
8	Total Nursing Facility Days	As Filed Days = 42,132	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,362										
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								39,362		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		<b>1.1323</b>								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	Ln 9 / Ln 10		\$39.74								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$0.67
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	Lesser of Ln 12 or Ln 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.33	\$7.30	\$0.00	\$1.97	\$2.33	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.24	\$47.04	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2823</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$114.52	\$60.32	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.67
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.21	\$1.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$135.87</b>	<b>\$63.57</b>	<b>\$0.00</b>	<b>\$12.91</b>	<b>\$15.40</b>	<b>\$0.00</b>	<b>\$35.05</b>	<b>\$0.64</b>	<b>\$7.63</b>	<b>\$0.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$89.08</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

Provider: Porter Field H & R Ctr, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00222582A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:			1.3070	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		50.7%	5.5%	Quarterly Medicaid CMI:			1.5912	1.5138
						2.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6218	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932.00	\$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 Adjstmnts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days	As Filed Days = 27,650										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,351										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	\$2.13	\$12.94	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.05	\$8.67	\$0.00	\$2.16	\$3.26	\$0.00	\$2.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.57	\$55.86	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6218								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.30	\$90.59	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.98	\$4.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.33	\$8.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.63	\$98.82	\$0.00	\$14.14	\$21.43	\$0.00	\$36.52	\$2.13	\$8.21	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.15									

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

**FINAL**

Provider: Powder Springs Center For Nursing & Healing Prvdr ID: 00530824A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Growth Allowance: Qtrly BIMS score		N/A 29.9%	18.37% 1.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.3795 1.8190 1.8513	1.3617 1.5138 1.5405	
			Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234.00	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	\$1,010,156	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,423	FY 18 GL-PL Ins Rpt Days								66,423		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.46	\$74.31	\$0.00	\$14.23	\$16.78	(with L&H)	\$19.06	\$4.03	\$26.29	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3795								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	\$26.29	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.09	\$9.90	\$0.00	\$2.61	\$3.08	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.95	\$63.77	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.24	\$118.06	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.59	\$123.31	\$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	\$151.12									

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

**FINAL**

Provider: Premier Estate of Dublin		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141281A		Case Mix Per Diem Rate Effective Date: 10/1/2020	Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI:				1.1528	1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	22.7%	1.0%	Quarterly Medicaid CMI:				1.5221	1.5138	
				3.10	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5486	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,922,620.00	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days								35,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.66	\$66.56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15.03	\$1.60	\$11.24	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1528								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	7.85 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$10.61	\$0.00	\$3.08	\$2.74	\$0.00	\$2.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.64	\$68.35	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5486								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.14	\$105.85	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.06	\$1.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$2.65	\$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	\$191.89	\$108.50	\$0.00	\$20.07	\$18.08	\$0.00	\$35.26	\$1.60	\$7.85	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.09									



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

**FINAL**

Provider: <b>Presbyterian Home, Quitman, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142579A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.1395				1.1395	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 47.9%		47.9%	5.5%	Quarterly Medicaid CMI: 1.3392				1.3392	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.60		3.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3602				1.3602	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,337,985.00	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)		(\$82,762)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
8	Total Nursing Facility Days As Filed Days = 65,959	FY12 Audited C/R Days	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days								64,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.61	\$74.15	\$0.00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0.82	\$14.14	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46 (FRV)	\$1.25
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.34	\$11.95	\$0.00	\$3.38	\$4.23	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3602								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.68	\$104.76	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.47	\$9.43	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$209.15	\$114.19	\$0.00	\$21.79	\$27.30	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$158.86									

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

**FINAL**

Provider: <b>Presbyterian Village, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00362832A</b>		Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.2644				1.2644	1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 37.8%		2.5%	Quarterly Medicaid CMI: 1.6935				1.6935	1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 5.55		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7257				1.7257	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766.00	\$3,497,168	\$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,475										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2644								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$71.51	\$0.00	\$17.50	\$23.09		\$20.56	\$1.06	18.26 (FRV)	\$0.71
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.37	\$13.14	\$0.00	\$3.21	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.49	\$146.08	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.25	\$8.03	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$246.74	\$154.11	\$0.00	\$20.93	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$185.06									

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

**FINAL**

Provider: Providence Healthcare of Sparta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142623A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A		18.37%		Base Period Overall CMI: 1.2494		1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		47.1%		5.5%		Quarterly Medicaid CMI: 1.5677		1.5138
						2.59		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5970		1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770.00	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,565										
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21.40	(with L&H)	\$21.40	\$1.96	\$13.58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOIhr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40		\$21.40	\$1.96	\$13.58	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40		\$20.56	\$1.96	8.72 (FRV)	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.58	\$11.91	\$0.00	\$2.96	\$3.93	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.25	\$76.73	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5970								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIthr = Ln 16	\$203.06	\$122.54	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.74	\$6.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.68	\$10.95	\$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	\$231.74	\$133.49	\$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	\$160.98									



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

**FINAL**

<div> <div> Provider: <b>Providence Healthcare of Thomaston</b>  Prvdr ID: <b>00142612A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.34</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>18.37%</b>  <b>5.5%</b>  <b>2.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2794</b>  Quarterly Medicaid CMI: <b>1.5409</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5680</b> </div> <div> Facility Specific: <b>1.2794</b>  <b>1.5409</b>  <b>1.5680</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5138</b>  <b>1.5405</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,305,895.00	\$2,258,087	\$0	\$486,083	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
8	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36,622									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days								31,325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2794</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	\$0.95	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54 (FRV)	\$0.59
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>18.37%</b>	Ln 14 x Grwth Allownc %	\$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		<b>1.5680</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.60	\$89.25	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.91	\$4.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.93	\$96.48	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.62									

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

**FINAL**

Provider: <b>PruittHealth - Ashburn, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140104A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3806				1.3806	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.61		Qtrly BIMS score 26.0%	1.0%	Quarterly Medicaid CMI: 1.7643				1.7643	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7984				1.7984	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964.00	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3806								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92 (FRV)	\$1.02
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alhwc %	\$19.31	\$10.21	\$0.00	\$2.42	\$3.50	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.33	\$65.81	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7984								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.87	\$118.35	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$218.23	\$123.61	\$0.00	\$15.79	\$22.98	\$0.00	\$37.96	\$7.95	\$8.92	\$1.02
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$150.85									

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

**FINAL**

<div> <div> Provider: <b>PruittHealth - Athens Heritage, LLC</b>  Prvdr ID: <b>00141391A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 14.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.74 </div> <div> Facility Score  Add-on Percent  Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6031  Quarterly Medicaid CMI: 1.6209  Qtrly Mcaid CMI w RUG Wght Options: 1.6503 </div> <div> Facility Specific  State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388.00	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8	Total Nursing Facility Days As Filed Days = 33,807 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,807									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.6031</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	17.19 (FRV)	\$3.40
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.93	\$10.99	\$0.00	\$2.92	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6503</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.43	\$116.87	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.36	\$4.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.79</b>	<b>\$120.91</b>	<b>\$0.00</b>	<b>\$19.06</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$7.46</b>	<b>\$17.19</b>	<b>\$3.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.77</b>									

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

**FINAL**

Provider: <b>PruittHealth - Augusta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00059463A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.4445	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Nurse Hours per On-Site Day/Quality Incentive:		16.7%	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5712	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				3.85	3.0%					1.5990	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847.00	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Nursing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33,329									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days								29,845		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9.49	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4445								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.06	\$11.44	\$0.00	\$2.77	\$3.27	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$73.73	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5990								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.70	\$117.89	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.17	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.87	\$121.96	\$0.00	\$18.07	\$21.48	\$0.00	\$40.56	\$8.06	\$9.36	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.83									

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

**FINAL**

Provider: <b>PruittHealth Augusta Hills</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00245055A</b>			Growth Allowance: N/A			18.37%	18.37%	Base Period Overall CMI: 1.4845			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 35.1%			2.5%	2.5%	Quarterly Medicaid CMI: 1.5606			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.40			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5877			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759.00	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)		(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4845								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$60.02	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04 (FRV)	\$1.60
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.96	\$11.03	\$0.00	\$2.99	\$3.71	\$0.00	\$3.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.61	\$71.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5877								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.37	\$112.81	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$222.20	\$119.54	\$0.00	\$19.49	\$24.31	\$0.00	\$38.26	\$9.96	\$9.04	\$1.60
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$153.83									

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

**FINAL**

Provider: <b>PruittHealth - Austell</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059276A</b>			Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Growth Allowance: N/A			Base Period Overall CMI: 1.5684			1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 27.4%			Quarterly Medicaid CMI: 1.5587			1.5138
						3.53 4.0%			Qtrly Mcaid CMI w RUG Wght Options: 1.5884			1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257.00	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	41,411							41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16.99	\$23.57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5684</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16.99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.58	\$10.44	\$0.00	\$3.12	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.59	\$67.25	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5884</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.16	\$106.82	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.87	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.35</b>	<b>\$112.69</b>	<b>\$0.00</b>	<b>\$20.33</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$7.22</b>	<b>\$15.01</b>	<b>\$2.33</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.94</b>									

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

**FINAL**

Provider: <b>PruittHealth - Blue Ridge, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140973A</b>				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5336			1.5336	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 45.0%		45.0%	5.5%	Quarterly Medicaid CMI: 1.3113			1.3113	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 4.03		4.03	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3330			1.3330	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,508,415.00	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days								34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5336								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20.56	\$6.95	7.97 (FRV)	\$1.18
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$10.21	\$0.00	\$2.71	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$65.78	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3330								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.22	\$87.68	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.82	\$4.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.71	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.93</b>	<b>\$95.66</b>	<b>\$0.00</b>	<b>\$17.66</b>	<b>\$25.07</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$6.95</b>	<b>\$7.97</b>	<b>\$1.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.12</b>									

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

**FINAL**

Provider: <b>PruittHealth - Brookhaven</b> Prvdr ID: <b>00140115A</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 4.00			N/A	18.37% 1.0% 4.0%	Base Period Overall CMI: 1.6566 Quarterly Medicaid CMI: 1.7361 Qtrly Mcaid CMI w RUG Wght Options: 1.7665			1.6566 1.7361 1.7665	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,389,770.00	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799,912	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)		(\$127,055)	\$120,089
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711	\$1,250,643	\$377,738	\$672,857	\$120,089
8	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.11	\$113.14	\$0.00	\$18.06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6566								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20.81		\$24.47	\$7.11	\$13.17	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.47	\$12.55	\$0.00	\$3.32	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.42	\$80.85	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7665								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.39	\$142.82	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$5.71	\$5.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.40	\$7.67	\$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	\$259.79	\$150.49	\$0.00	\$21.60	\$25.04	\$0.00	\$41.44	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.02									



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

**FINAL**

<div> <div> Provider: <b>Pruitt Covington</b>  Prvdr ID: <b>00265196A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.68 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3923  Quarterly Medicaid CMI: 1.6433  Qtrly Mcaid CMI w RUG Wght Options: 1.6738 </div> <div> Facility Specific  State-wide  1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13.40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3923								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.10	\$0.00	\$17.62	\$23.60		\$21.93	\$7.06	\$13.40	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.45	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.58 (FRV)	\$1.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.64	\$11.04	\$0.00	\$3.24	\$4.33	\$0.00	\$4.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.09	\$71.14	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.58	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6738								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.02	\$119.07	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.58	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x GPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$7.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.79</b>	<b>\$126.15</b>	<b>\$0.00</b>	<b>\$21.08</b>	<b>\$27.88</b>	<b>\$0.00</b>	<b>\$43.43</b>	<b>\$7.06</b>	<b>\$10.58</b>	<b>\$1.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.52</b>									

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

**FINAL**

Provider: <b>PruittHealth - Crestwood</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140764A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.5323	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		53.1%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.5928	1.5138
						3.38	3.0%				1.6241	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947.00	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5323</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjslmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.60	\$10.57	\$0.00	\$2.54	\$3.15	\$0.00	\$3.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.15	\$68.11	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6241</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.66	\$110.62	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.08	\$6.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.03	\$9.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$213.69	\$120.55	\$0.00	\$16.57	\$20.73	\$0.00	\$38.97	\$7.51	\$8.44	\$0.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$147.44									

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

**FINAL**

Provider: <b>PruittHealth - Decatur</b> Prvdr ID: <b>00252942A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.4114				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score 31.2%		2.5%	Quarterly Medicaid CMI: 1.6627				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.70		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6918				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345.00	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	49,032							49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4114</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.76	\$12.70	\$0.00	\$2.57	\$3.78	\$0.00	\$3.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.86	\$81.83	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6918</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.47	\$138.44	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.25</b>	<b>\$145.20</b>	<b>\$0.00</b>	<b>\$16.79</b>	<b>\$24.75</b>	<b>\$0.00</b>	<b>\$41.27</b>	<b>\$7.11</b>	<b>\$15.57</b>	<b>\$1.56</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.36</b>									

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

**FINAL**

<div> <div> Provider: <b>PruittHealth- Eastside</b>  Prvdr ID: <b>00140687A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 29.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.28 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4014  Quarterly Medicaid CMI: 1.4275  Qtrly Mcaid CMI w RUG Wght Options: 1.4526 </div> <div> Facility Specific: 1.4014  Use Stwde: 1.5138  1.4526 </div> <div> State-wide: 1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit 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	13,874									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,369								26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3.94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.4014</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.45	\$65.58	\$0.00	\$16.58	\$23.55		\$24.02	\$8.21	11.29 (FRV)	\$1.22
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allownc %	\$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		<b>1.4526</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.43	\$112.77	\$0.00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.22
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.24	\$3.92	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.67</b>	<b>\$116.69</b>	<b>\$0.00</b>	<b>\$19.85</b>	<b>\$27.88</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$8.21</b>	<b>\$11.29</b>	<b>\$1.22</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.18</b>									

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

**FINAL**

Provider: <b>PruittHealth - Fairburn, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142997A</b>		Growth Allowance: N/A		20.0%	18.37%	Base Period Overall CMI: 1.4922				1.4922	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 20.0%		1.0%	1.0%	Quarterly Medicaid CMI: 1.6371				1.6371	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.84		4.0%	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6668				1.6668	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987.00	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days								27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.86	\$71.51	\$0.00	\$16.80	\$21.92		\$20.56	\$7.30	14.24 (FRV)	\$2.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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)	Ln 14 + Ln 15	\$178.90	\$84.65	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6668								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.34	\$141.09	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$5.64	\$5.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$260.12	\$148.14	\$0.00	\$20.11	\$26.36	\$0.00	\$41.44	\$7.30	\$14.24	\$2.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$182.27									

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

**FINAL**

Provider: <b>PruittHealth- Fitzgerald</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140995A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.2807	1.3699
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>			Qtrly BIMS score			33.9%	2.5%	Quarterly Medicaid CMI:			1.4234	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4497	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstms	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,854
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days								23,941		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.32	\$0.00	\$13.59	\$27.86		\$25.21	\$7.84	\$7.92	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.99	\$56.32	\$0.00	\$13.59	\$23.27		\$23.46	\$7.84	11.53 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.43	\$10.35	\$0.00	\$2.50	\$4.27	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$66.67	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4497								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.40	\$96.65	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max. of 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfrng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$210.60	\$101.53	\$0.00	\$16.31	\$27.54	\$0.00	\$44.87	\$7.84	\$11.53	\$0.98
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$145.13									

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

**FINAL**

Provider: <b>PruittHealth - Fort Oglethorpe</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00214695A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3512	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Nurse Hours per On-Site Day/Quality Incentive:		22.4%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4380	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				3.07	1.0%					1.4623	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,844,982.00	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.63	\$77.43	\$0.00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5.36	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7.58 (FRV)	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.61	\$10.53	\$0.00	\$2.60	\$3.36	\$0.00	\$3.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.34	\$67.84	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4623								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.70	\$99.20	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.99	\$0.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.61	\$2.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.31	\$101.71	\$0.00	\$16.97	\$22.08	\$0.00	\$37.57	\$7.21	\$7.58	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.91									

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

**FINAL**

Provider: <b>PruittHealth - Franklin, Inc</b> Prvdr ID: <b>00141039A</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>34.8%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.36</b>		<b>N/A</b> <b>2.5%</b> <b>2.0%</b>	<b>18.37%</b> <b>2.5%</b> <b>2.0%</b>	Base Period Overall CMI: <b>1.4254</b> Quarterly Medicaid CMI: <b>1.3000</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.3220</b>			<b>1.4254</b> <b>1.3000</b> <b>1.3220</b>	<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,811,934.00	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)		(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758	\$218,504	\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21.12	\$7.73	\$8.12	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4254</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15.19		\$21.12	\$7.73	\$8.12	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15.19		\$20.56	\$7.73	9.71 (FRV)	\$0.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.35	\$10.30	\$0.00	\$2.48	\$2.79	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.80	\$66.37	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3220</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.17	\$87.74	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahtd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.75	\$1.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.37</b>	<b>\$92.21</b>	<b>\$0.00</b>	<b>\$16.22</b>	<b>\$18.39</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$7.73</b>	<b>\$9.71</b>	<b>\$0.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.95</b>									



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

**FINAL**

Provider: <b>PruittHealth-Greenville</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140038A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.4082	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		41.4%	2.5%	Quarterly Medicaid CMI:				1.4880	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5174	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127.00	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)		(\$61,050)	\$57,239
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days								33,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	\$6.62	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	9.83 (FRV)	\$1.57
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.45	\$9.87	\$0.00	\$2.38	\$3.48	\$0.00	\$3.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.73	\$63.59	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5174								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.63	\$96.49	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$201.41	\$102.32	\$0.00	\$15.56	\$22.81	\$0.00	\$41.31	\$8.01	\$9.83	\$1.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$138.23									

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

**FINAL**

<div> <div> Provider: <b>PruittHealth - Griffin, LLC</b>  Prvdr ID: <b>00143052A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.49 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3383  Quarterly Medicaid CMI: 1.4583  Qtrly Mcaid CMI w RUG Wght Options: 1.4851 </div> <div> Facility Specific: 1.3383  1.4583  1.4851 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275.00	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days								22,296		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3383								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	\$12.20	\$1.00
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.70	\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	8.06 (FRV)	\$1.00
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.24	\$10.53	\$0.00	\$2.43	\$3.54	\$0.00	\$3.74	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.94	\$67.87	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4851								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.79								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.86	\$100.79	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
	<b>Quarterly Per Diem Add-on Amounts</b>											
21	Efficiency Add-on Per Diem (IStd - Alwdj 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	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.02	\$3.02								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
26	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$203.82	\$106.86	\$0.00	\$15.90	\$23.21	\$0.00	\$41.34	\$7.45	\$8.06	\$1.00
27	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.04									

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

**FINAL**

Provider: <b>PruittHealth -Holly Hill</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141479A</b>			Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Growth Allowance: <b>N/A</b>			Base Period Overall CMI: <b>1.4465</b>			<b>1.3617</b>
			MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Qtrly BIMS score: <b>21.8%</b>			Quarterly Medicaid CMI: <b>1.5885</b>			<b>1.5138</b>
						Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b>			Qtrly Mcaid CMI w RUG Wght Options: <b>1.6172</b>			<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,983,322.00	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)		(\$21,364)	\$20,871
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235	\$240,597	\$145,456	\$20,871
8	Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4.56	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4465</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.59	\$11.66	\$0.00	\$2.59	\$3.18	\$0.00	\$3.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.00	\$75.13	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6172</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.37	\$121.50	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$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	\$23.50	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$219.87	\$126.90	\$0.00	\$16.90	\$20.89	\$0.00	\$37.85	\$7.77	\$8.91	\$0.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$152.08									

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

**FINAL**

Provider: <b>PruittHealth -Jasper</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142436A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.5432	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			20.5%	1.0%	Quarterly Medicaid CMI:			1.6047	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.56	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6335	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198.00	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	19,472							19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5432</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85 (FRV)	\$2.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.97	\$10.95	\$0.00	\$3.00	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.11	\$70.54	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6335</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.80	\$115.23	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$6.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.41</b>	<b>\$121.52</b>	<b>\$0.00</b>	<b>\$19.56</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$7.58</b>	<b>\$17.85</b>	<b>\$2.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.23</b>									

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

**FINAL**

Provider: <b>PruittHealth -Lafayette, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00254394A</b>				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2862			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 25.0%		25.0%	1.0%	Quarterly Medicaid CMI: 1.4220			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 2.96		2.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4468			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452.00	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7.73 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.24	\$11.56	\$0.00	\$2.74	\$3.48	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.47	\$74.49	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4468								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.75	\$107.77	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.62	\$111.54	\$0.00	\$17.86	\$22.85	\$0.00	\$39.77	\$8.22	\$7.73	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.64									

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

**FINAL**

Provider: <b>PruittHealth - Lakehaven</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: <b>00141721A</b>				Add-on Data and Percentages									
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score: <b>31.7%</b>		Base Period Overall CMI: <b>1.4944</b>		Quarterly Medicaid CMI: <b>1.5186</b>		1.3617		1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>		3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5472</b>		1.5405					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486.00	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$25,340)	\$25,340	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340	
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79	\$7.12	\$4.35	\$0.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4944									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	\$4.35	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	7.21 (FRV)	\$0.81	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$11.08	\$0.00	\$2.69	\$2.94	\$0.00	\$3.45	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5472									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.10	\$110.42	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.81	
	<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$208.80	\$117.02	\$0.00	\$17.55	\$19.38	\$0.00	\$39.71	\$7.12	\$7.21	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.78										

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

**FINAL**

Provider: <b>PruittHealth - Lanier</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140456A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4690				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.88		Qltry BIMS score 33.3%	2.5%	Quarterly Medicaid CMI: 1.4370				1.5138		
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4635				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,130,722.00	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days								33,046		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	8.85 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$10.96	\$0.00	\$2.54	\$3.17	\$0.00	\$3.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.69	\$70.63	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4635								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.43	\$103.37	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.31	\$6.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$205.74	\$109.58	\$0.00	\$16.60	\$20.85	\$0.00	\$39.98	\$8.52	\$8.85	\$1.36
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$141.48									

Provider: **PruittHealth - Laurel Park**Prvdr ID: **00908553A**Case Mix Per Diem Rate Effective Date: **10/01/20**  
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**Growth Allowance: **N/A**  
Qtrly Cognitive Performance Scale: **17.1%**  
Nurse Hours per On-Site Day/Quality Incentive: **4.07**Facility  
ScoreAdd-on  
Percent

Case Mix Index (CMI) Data

Base Period Overall CMI: **1.2708**  
Quarterly Medicaid CMI: **1.5093**  
Qtrly Mcaid CMI w RUG Wght Options: **1.5347**Facility  
Specific

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related
			a	b	c	d	e	f	g	h	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>		
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY2012 C/R - FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,159)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	7.36	\$2.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2708</b>							
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59							
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	<b>\$7.36</b>	\$2.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		NA
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	<b>\$7.36</b>	\$2.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.41	\$13.14	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78		N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.81	\$84.65	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	<b>\$7.36</b>	\$22.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5347</b>							(FRV)
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.91							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.37	\$129.91	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	<b>\$7.36</b>	\$22.93
<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA
21	Cognitv Perfrm Scale Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.50	\$ 6.50							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$6.50	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.19</b>	<b>\$136.40</b>	<b>\$0.00</b>	<b>\$21.19</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$7.36</b>	<b>\$22.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.82</b>								



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

**FINAL**

Provider: <b>PruittHealth -Lilburn, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00145527A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4971				1.4971	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score 43.0%	2.5%	Quarterly Medicaid CMI: 1.7174				1.7174	1.5138	
					3.54	Qltry Mcaid CMI w RUG Wght Options: 1.7484				1.7484	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988.00	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days								49,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38 (FRV)	\$1.64
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.29	\$10.97	\$0.00	\$2.69	\$3.55	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.15	\$70.68	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7484								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.05	\$123.58	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.43	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$225.48	\$130.91	\$0.00	\$17.53	\$23.31	\$0.00	\$37.30	\$7.41	\$7.38	\$1.64
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$156.29									

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

**FINAL**

Provider: <b>PruittHealth -Macon, LLC</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141908A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4638	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			37.5%	2.5%	Quarterly Medicaid CMI:			1.4900	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.24	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5162	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372.00	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
8	Total Nursing Facility Days As Filed Days = 75,230 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	68,796							67,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4638</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.51	\$12.41	\$0.00	\$2.46	\$4.23	\$0.00	\$3.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.48	\$79.99	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5162</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.77	\$121.28	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.41	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.94</b>	<b>\$129.69</b>	<b>\$0.00</b>	<b>\$16.07</b>	<b>\$27.30</b>	<b>\$0.00</b>	<b>\$39.43</b>	<b>\$8.15</b>	<b>\$8.36</b>	<b>\$1.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.38</b>									

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

**FINAL**

Provider: <b>PruittHealth - Magnolia Manor</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00252007A</b>		Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.4894				1.4894	1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 24.6%		1.0%	Quarterly Medicaid CMI: 1.5295				1.5295	1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.65		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5559				1.5559	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,467,213.00	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,413									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.34	\$11.94	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.70	\$76.94	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.47	\$119.71	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
<b>Quarterly Per Diem Add-on Amounts</b>												
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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$5.32	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.89	\$125.03	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$7.45	\$28.07	\$3.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.34									

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

**FINAL**

Provider: <b>PruittHealth- Marietta</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00202507A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2754	1.3699
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>				Qtrly BIMS score		33.3%	2.5%	Quarterly Medicaid CMI:			1.7530	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7863	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)	(\$95,857)		(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days	As Filed Days = 19,843	19,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,456								40,456		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<b>1.2754</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$23.54	\$12.82	\$0.00	\$2.99	\$3.42	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.14	\$82.60	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7863</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.09	\$147.55	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ( Std - Alwd  x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.99</b>	<b>\$154.72</b>	<b>\$0.00</b>	<b>\$19.50</b>	<b>\$22.43</b>	<b>\$0.00</b>	<b>\$44.87</b>	<b>\$7.08</b>	<b>\$15.91</b>	<b>\$1.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.67</b>									

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

**FINAL**

Provider: <b>PruittHealth - Millen</b> Prvdr ID: <b>00140269A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: N/A Qtrly BIMS score 49.1%		N/A	18.37%	Base Period Overall CMI: 1.5517 Quarterly Medicaid CMI: 1.7708 Qtrly Mcaid CMI w RUG Wght Options: 1.8041			1.3617	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:		3.51	4.0%				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163.00	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	30,270							29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12 (FRV)	\$0.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.48	\$8.67	\$0.00	\$2.76	\$3.45	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$55.84	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8041</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.78	\$100.74	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.20	\$10.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.98</b>	<b>\$110.84</b>	<b>\$0.00</b>	<b>\$18.00</b>	<b>\$22.65</b>	<b>\$0.00</b>	<b>\$40.65</b>	<b>\$8.11</b>	<b>\$15.12</b>	<b>\$0.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.16</b>									

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

**FINAL**

Provider: <b>PruittHealth - Monroe, LLC</b> Prvdr ID: <b>00141468A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>26.9%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.02</b>		<b>N/A</b> <b>26.9%</b> <b>3.02</b>	<b>18.37%</b> <b>1.0%</b> <b>2.0%</b>	Base Period Overall CMI: <b>1.2064</b> Quarterly Medicaid CMI: <b>1.3842</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.4063</b>				<b>1.2064</b> <b>1.3842</b> <b>1.4063</b>	<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,654,415.00	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2064</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69 (FRV)	\$0.73
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.33	\$12.54	\$0.00	\$2.40	\$4.24	\$0.00	\$3.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.78	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4063</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.61	\$113.63	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$3.94	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$216.24	\$117.57	\$0.00	\$15.68	\$27.33	\$0.00	\$37.78	\$7.46	\$9.69	\$0.73
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.36									

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

**FINAL**

Provider: <b>PruittHealth - Moultrie</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide		
Prvdr ID: <b>00142095A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.4840	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		29.3%	1.0%	Quarterly Medicaid CMI:				1.4606	1.5138
						3.14	3.0%	Qtrlyr Mcaid CMI w RUG Wght Options:				1.4885	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734.00	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0	\$335,304	\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,027	
8	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20.91	\$0.53	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4840									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 (FRV)	\$0.53	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9.81	\$0.00	\$2.70	\$4.18	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.94	\$63.19	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4885									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.81	\$94.06	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$4.29	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$210.67	\$98.35	\$0.00	\$17.60	\$27.19	\$0.00	\$41.44	\$7.00	\$18.56	\$0.53	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$145.18										

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

**FINAL**

<div> <div> Provider: <b>PruittHealth- Ocilla</b>  Prvdr ID: <b>00142315A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 37.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2894  Quarterly Medicaid CMI: 1.5856  Qtrly Mcaid CMI w RUG Wght Options: 1.6149 </div> <div> Facility Specific  1.2894  1.5856  1.6149 </div> <div> State-wide  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,023
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
	Total Nursing Facility Days GL-PL, Ins, Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8.39	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.31	\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	8.95 (FRV)	\$1.00
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$22.18	\$11.22	\$0.00	\$2.67	\$4.12	\$0.00	\$4.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.49	\$72.28	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6149								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.93	\$116.72	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.50	\$3.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$230.98	\$123.67	\$0.00	\$17.41	\$26.97	\$0.00	\$44.33	\$8.65	\$8.95	\$1.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$160.41									



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

**FINAL**

Provider: <b>PruittHealth - Old Capitol</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142304A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qltry BIMS score	N/A	18.37%	Base Period Overall CMI: 1.2935				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		31.1%	2.5%	Quarterly Medicaid CMI: 1.3929				1.5138		
				2.78	3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4166				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,892,389.00	\$2,956,703	\$0	\$535,070	\$480,839	\$285,393	\$776,842	\$344,054	\$513,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$147,523)	(\$6,095)	\$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)		(\$62,054)	\$57,696
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	\$451,434	\$57,696
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16.72	(with L&H)	\$14.28	\$8.01	\$9.94	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2935								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	\$9.94	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.25	\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	7.98 (FRV)	\$1.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.33	\$59.47	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4166								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.11	\$84.25	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.38</b>	<b>\$89.42</b>	<b>\$0.00</b>	<b>\$14.13</b>	<b>\$20.20</b>	<b>\$0.00</b>	<b>\$34.37</b>	<b>\$8.01</b>	<b>\$7.98</b>	<b>\$1.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.71</b>									

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

**FINAL**

Provider: <b>PruittHealth - Palmyra</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142337A</b>				Growth Allowance: N/A		32.6%	18.37%	Base Period Overall CMI: 1.3544			1.4014	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.5004			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.96		3.0%	3.0%	Qtrtly Mcaid CMI w RUG Wght Options: 1.5261			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.3544</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71 (FRV)	\$0.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5261</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.76	\$96.72	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.30</b>	<b>\$102.57</b>	<b>\$0.00</b>	<b>\$16.67</b>	<b>\$27.88</b>	<b>\$0.00</b>	<b>\$38.27</b>	<b>\$7.58</b>	<b>\$8.71</b>	<b>\$0.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.90</b>									

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

**FINAL**

Provider: <b>PruittHealth - Peake, LLC</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143327A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4021				1.4021	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score 34.6%		2.5%		Quarterly Medicaid CMI: 1.4748				1.4748	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 4.01		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5010				1.5010	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690.00	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628	
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days								41,326			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18.81	\$7.10	\$10.73	\$2.63	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4021									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	\$10.73	\$2.63	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60 (FRV)	\$2.63	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.56	\$12.41	\$0.00	\$2.88	\$3.81	\$0.00	\$3.46	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.62	\$79.94	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5010									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.67	\$119.99	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.60	\$3.60									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.23	\$7.13	\$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	\$235.90	\$127.12	\$0.00	\$18.77	\$24.94	\$0.00	\$39.74	\$7.10	\$15.60	\$2.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.10										

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

**FINAL**

<div> <div> Provider: <b>PruittHealth- Rome</b>  Prvdr ID: <b>299031876A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 40.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.62 </div> <div> Facility Score  N/A  2.5%  3.0% </div> <div> Add-on Percent  18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3499  Quarterly Medicaid CMI: 1.5899  Qtrly Mcaid CMI w RUG Wght Options: 1.6176 </div> <div> Facility Specific  1.3499  1.5899  1.6176 </div> <div> State-wide  1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7.35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57.46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10.96 (FRV)	\$1.41
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.33	\$10.56	\$0.00	\$3.03	\$4.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.25	\$68.02	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6176								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.26	\$110.03	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
	<b>Quarterly Per Diem Add-on Amounts</b>											
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling 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	\$23.90	\$6.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$229.16	\$116.61	\$0.00	\$19.77	\$27.88	\$0.00	\$45.53	\$7.00	\$10.96	\$1.41
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$159.05									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Pruitt Health - Savannah</b> Prvdr ID: <b>00238323A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 18.9% Nurse Hours per On-Site Day/Quality Incentive: 3.83		Facility Score: N/A Add-on Percent: 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.4989 Qtrly Mcaid CMI w RUG Wght Options: 1.5251				Facility Specific: 1.5049 1.4989 1.5251	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<i>Cost Center Peer Groups per Selected Options</i>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
<b>Per Diem Costs and Add-ons</b>												
<i>GL-PL- Insurance Costs</i>												
<i>Total Nursing Facility Days GL-PL Ins. Rpt</i>												
<i>Standard Per Diem (After CMA for Routine Srvcs)</i>												
<i>Allowed @ 95% of Std</i>												
<i>Growth Allowance 18.4%</i>												
<i>CMA Allowed Per Diem (After Growth Allowance)</i>												
<i>Quarterly Facility Case Mix Index for Medicaid Residents</i>												
<i>Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem</i>												
<i>Quarterly Medicaid CMA Allowed Per Diem</i>												
<b>Quarterly Per Diem Add-On Amounts</b>												
<i>BIMS Add-on Per Diem = 0.0% o Routine Srvcs)</i>												
<i>Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%</i>												
<i>Nursing Home Provider Fee</i>												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

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

**FINAL**

Provider: <b>PruittHealth - Shepherd Hills, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142964A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>Qtrly BIMS score</b>		<b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI:			<b>1.4305</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>20.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI:			<b>1.4364</b>	<b>1.5138</b>
						<b>3.42</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.4628</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146.00	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269,469	\$198,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days								37,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	\$3.95	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69	\$0.98
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$10.14	\$0.00	\$2.44	\$3.12	\$0.00	\$3.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.38	\$65.32	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4628								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.61	\$95.55	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$188.07	\$99.91	\$0.00	\$15.92	\$20.50	\$0.00	\$36.95	\$7.12	\$6.69	\$0.98
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$128.23									

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

**FINAL**

Provider: <b>PruittHealth -Spring Valley, LLC</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: <b>00143096A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3401				1.3401		1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 33.3%		2.5%		Quarterly Medicaid CMI: 1.6069				1.6069		1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.41		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6364				1.6364		1.5405	
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	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$63,694)	(\$852)	\$0	\$0	(\$2,164)	(\$2,923)	(\$56,789)		(\$15,218)	\$14,252			
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	\$90,329	\$14,252			
8	Total Nursing Facility Days As Filed Days = 20,610	FY12 Audited C/R Days	20,610												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL Ins Rpt Days													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.67	\$57.74	\$0.00	\$14.89	\$20.22		\$20.56	\$7.97	8.60 (FRV)	\$0.69			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altwnc %	\$20.84	\$10.61	\$0.00	\$2.74	\$3.71	\$0.00	\$3.78	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.51	\$68.35	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6364											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.85											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.01	\$111.85	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.43	\$118.54	\$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	\$151.75												

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

**FINAL**

Provider: <b>PruittHealth - Sunrise, LLC</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143173A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3624				1.3624	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score: 30.4%		30.4%	2.5%	Quarterly Medicaid CMI: 1.4989				1.4989	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.07		4.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5263				1.5263	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,978,696.00	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.29	\$67.63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3624</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.08	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.56 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.79	\$9.12	\$0.00	\$2.65	\$3.52	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.87	\$58.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5263</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.80	\$89.69	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$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	\$193.36	\$95.15	\$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	\$132.20									



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

**FINAL**

Provider: <b>PruittHealth - Swainsboro, LLC</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143195A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4255</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.44</b>		Qtrly BIMS score <b>33.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5144</b>				<b>1.5138</b>		
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5407</b>				<b>1.5405</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,119,026.00	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,677									
9	Net Per Diems prior to Case Mix Adjslmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4255								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjslmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$11.03	\$0.00	\$2.38	\$3.33	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.98	\$71.05	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.40	\$109.47	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$210.05	\$116.02	\$0.00	\$15.53	\$21.89	\$0.00	\$38.34	\$8.46	\$8.89	\$0.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$144.71									

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

**FINAL**

<div> <div> Provider: <b>PruittHealth- Sylvester</b>  Prvdr ID: <b>00143206A</b> </div> <div> Case Mix Per Diem Rate Effective Date: 10/1/2020  MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20 </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 26.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.73 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3730  Quarterly Medicaid CMI: 1.2696  Qtrly Mcaid CMI w RUG Wght Options: 1.2911 </div> <div> Facility Specific: 1.3730  1.2696  1.2911 </div> <div> State-wide: 1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days	As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days							38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3730</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0.00	\$12.71	\$23.55		\$19.47	\$7.26	9.61 (FRV)	\$0.77
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.4%</u>	Ln 14 x Grwth Allownc %	\$19.07	\$8.83	\$0.00	\$2.33	\$4.33	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.49	\$56.88	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2911</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.05	\$73.44	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.46	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.20</b>	<b>\$76.90</b>	<b>\$0.00</b>	<b>\$15.26</b>	<b>\$27.88</b>	<b>\$0.00</b>	<b>\$40.52</b>	<b>\$7.26</b>	<b>\$9.61</b>	<b>\$0.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.83</b>									

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

**FINAL**

Provider: <b>PruittHealth -Toccoa, LLC</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143305A</b>				Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI:				1.5108	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score	33.1%	2.5%	Quarterly Medicaid CMI:				1.4384	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:	3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4627	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354.00	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmnts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days								57,413		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.97	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.68 (FRV)	\$0.78
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$9.35	\$0.00	\$2.66	\$3.41	\$0.00	\$3.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$60.23	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4627								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.56	\$88.10	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([SInd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.03	\$93.47	\$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	\$127.45									

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

**FINAL**

Provider: <b>PruittHealth - Toomsboro, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00409494A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.3444	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		40.6%	2.5%	Quarterly Medicaid CMI:				1.6051	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6337	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,076,559.00	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	\$25,355
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days								20,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	\$8.05	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.55	\$10.32	\$0.00	\$2.72	\$3.93	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.11	\$66.49	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6337								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.24	\$108.62	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.85</b>	<b>\$115.13</b>	<b>\$0.00</b>	<b>\$17.75</b>	<b>\$25.76</b>	<b>\$0.00</b>	<b>\$40.53</b>	<b>\$7.45</b>	<b>\$13.99</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.56</b>									

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

**FINAL**

Provider: <b>PruittHealth - Valdosta</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141369A</b>			Growth Allowance: Qtrly BIMS score				N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.6176	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Nurse Hours per On-Site Day/Quality Incentive:				37.5%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.6913	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>							3.28	3.0%				1.7247	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,327,017.00	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839	
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6176									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$10.25	\$0.00	\$2.55	\$3.40	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.64	\$66.07	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7247									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.52	\$113.95	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.05	\$120.75	\$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	\$151.46										

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

**FINAL**

Provider: <b>PruittHealth - Virginia Park</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140401A</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.4219	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		38.3%	2.5%	Quarterly Medicaid CMI:				1.5188	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5457	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,547,096.00	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$8,698)	\$74,503
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756	\$326,579	\$1,216,168	\$306,121	\$790,723	\$74,503
8	Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days								41,304		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4219								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.42	\$13.14	\$0.00	\$3.30	\$3.20	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.03	\$84.65	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5457								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.22	\$130.84	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$243.15	\$138.04	\$0.00	\$21.46	\$21.04	\$0.00	\$41.44	\$7.41	\$11.90	\$1.86
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$169.54									

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

**FINAL**

Provider: <b>Pruitt Health - Washington</b>				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143569A</b>				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.5606			1.5606	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 47.1%		5.5%		Quarterly Medicaid CMI: 1.6590			1.6590	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.29		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6907			1.6907	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193.00	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12			1.5606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.22	\$8.89	\$0.00	\$2.59	\$3.96	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.32	\$57.26	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6907								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.87	\$96.81	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.32	\$5.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.48	\$8.75	\$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	\$207.35	\$105.56	\$0.00	\$16.89	\$25.91	\$0.00	\$41.44	\$7.65	\$8.61	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.69									

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

**FINAL**

Provider: <b>PruittHealth - West Atlanta</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00256088A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: 1.3473				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		22.1%	1.0%	Quarterly Medicaid CMI: 1.3072				1.5138		
				3.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3284				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277.00	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917,961	\$288,717	\$263,915	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64,064
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	39,588									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20.40	\$8.34	\$5.06	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3473</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06 (FRV)	\$1.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4.24	\$0.00	\$3.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.38	\$74.34	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3284</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.79	\$98.75	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.94	\$3.50	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.73</b>	<b>\$102.25</b>	<b>\$0.00</b>	<b>\$17.76</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.37</b>	<b>\$8.34</b>	<b>\$10.06</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.72</b>									



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

**FINAL**

Provider: <b>Quiet Oaks Health Care Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00370851A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.2112	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qlry BIMS score	41.7%	2.5%	Quarterly Medicaid CMI:				1.3172	1.5138
					3.99	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3410	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,924,434.00	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)	\$1,578	(\$61,577)		(\$32,836)	\$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	\$361,569	\$247,978	\$303,372	\$396,530	\$76,642	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth 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	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.16	\$61.80	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3410								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.23	\$82.87	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.18</b>	<b>\$87.13</b>	<b>\$0.00</b>	<b>\$19.41</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$38.52</b>	<b>\$3.48</b>	<b>\$9.86</b>	<b>\$1.45</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.56</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Quinton Memorial Health Care</b> Prvdr ID: <b>00150279A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 19.2% Nurse Hours per On-Site Day/Quality Incentive: 3.54		Facility Score: N/A Add-on Percent: 18.37% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2702 Quarterly Medicaid CMI: 1.4485 Qrtly Mcaid CMI w RUG Wght Options: 1.4732				Facility Specific: 1.2702 1.4485 1.4732	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 12,007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								41,659		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$19.72	\$0.09
	<u>Allowed @ 95% of Std</u>		\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.30	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.29	\$19.72	\$0.09
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4732</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$118.46								
	Quarterly Medicaid CMA Allowed Per Diem		\$208.35	\$118.46		\$20.70	\$25.97		\$23.12	\$0.29	\$19.72	\$0.09
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% o Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.55	\$3.55								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.65									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$229.00</b>	<b>\$122.01</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$0.29</b>	<b>\$19.72</b>	<b>\$0.09</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.93										

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

**FINAL**

Provider: <b>Regency Park Health Care</b>						Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00837207A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4547</b>				<b>1.4547</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score: <b>5.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.4245</b>				<b>1.4245</b>	<b>1.5138</b>
		Nurse Hours per On-Site Day/Quality Incentive:				<b>3.63</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4499</b>				<b>1.4499</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b>	(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				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462.00	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875	
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08									
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.47	\$12.87	\$0.00	\$3.38	\$3.91	\$0.00	\$3.31	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.08	\$82.95	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4499									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.40	\$120.27	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.61	\$3.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.02	\$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	\$231.42	\$124.41	\$0.00	\$21.79	\$25.58	\$0.00	\$38.79	\$0.30	\$20.47	\$0.08	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.74										

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

**FINAL**

Provider: <b>Rehabilitation Center of South Georgia</b> Prvdr ID: <b>00143283A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Growth Allowance: N/A Qtrly BIMS score 40.5% Nurse Hours per On-Site Day/Quality Incentive: 3.42		3.42	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.1416 Quarterly Medicaid CMI: 1.5532 Qtrly Mcaid CMI w RUG Wght Options: 1.5804			1.3699 1.5138 1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)		(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days As Filed Days = 35,948 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,948							52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1416								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70 (FRV)	\$1.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.5804								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.78	\$116.03	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.79	\$122.94	\$0.00	\$17.21	\$23.33	\$0.00	\$37.92	\$1.67	\$8.70	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.77									

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

**FINAL**

Provider: <b>Reliable Health and Rehab</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>321026473A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4077			1.4077	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qltry BIMS score		44.6%	2.5%	Quarterly Medicaid CMI: 1.6069			1.6069	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.6367	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988.00	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days									30,538	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4077								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59 (FRV)	\$1.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.26	\$10.91	\$0.00	\$2.43	\$4.14	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.23	\$70.32	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6367								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$198.00	\$115.09	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.86	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.58	\$121.95	\$0.00	\$15.87	\$27.09	\$0.00	\$41.44	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.11									

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

**FINAL**

Provider: Renaissance Care and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide		
Prvdr ID: 00141754A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5068	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		39.8%		2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.5735	1.5138	
				3.88		3.0%					1.6017	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844.00	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$1,099,217	\$971,207	\$365,282	\$53,969	
8	Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days								44,450			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21.24	\$21.85	\$7.06	\$1.04	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.74	\$0.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1.04	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18 (FRV)	\$1.04	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.06	\$7.12	\$0.00	\$2.22	\$1.94	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.08	\$45.86	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6017									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.67	\$73.45	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$176.97	\$78.02	\$0.00	\$14.53	\$12.91	\$0.00	\$41.44	\$21.85	\$7.18	\$1.04	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.90										

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

**FINAL**

Provider: <b>Resorts at Pooler</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00238741A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2677	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		34.3%	2.5%	Quarterly Medicaid CMI:			1.3036	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3209	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527.00	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days								27,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	7.07 (FRV)	\$1.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.66	\$9.71	\$0.00	\$3.12	\$2.91	\$0.00	\$2.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.74	\$62.58	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3209								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.82	\$82.66	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
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	\$22.35	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.17	\$86.91	\$0.00	\$20.32	\$19.17	\$0.00	\$36.26	\$8.88	\$7.07	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.30									

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

**FINAL**

<div> <div> Provider: <b>Ridgecrest Rehab &amp; Skilled Nursing Center</b>  Prvdr ID: <b>00141886A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 43.8%  Nurse Hours per On-Site Day/Quality Incentive: 4.07 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2980  Quarterly Medicaid CMI: 1.3847  Qtrly Mcaid CMI w RUG Wght Options: 1.4099 </div> <div> Facility Specific  State-wide  1.2980  1.3699  1.3847  1.5138  1.4099  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL Ins Rpt Days								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.12	\$97.84	\$0.00	\$16.44	\$16.58	(with L&H)	\$18.26	\$2.42	\$6.41	\$0.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2980								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.38	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	\$6.41	\$0.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.04	\$73.90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10.27 (FRV)	\$0.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Qtr End		1.4099								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.90	\$123.34	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwgd) 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.78	\$130.12	\$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	\$153.51									



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

**FINAL**

Provider: <b>Ridgewood Manor Nursing Home</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142744A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3042				1.3042	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 44.8%		44.8%	2.5%	Quarterly Medicaid CMI: 1.3318				1.3318	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.22		3.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3525				1.3525	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,189,983.00	\$3,025,952	\$0	\$553,960	\$367,214	\$335,603	\$554,570	\$10,206	\$342,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3042								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.69	\$12.25	\$0.00	\$2.91	\$3.71	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$78.91	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3525								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.94	\$106.73	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwde) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.50	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.44	\$113.13	\$0.00	\$18.98	\$24.32	\$0.00	\$35.63	\$0.28	\$8.01	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.51									

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

**FINAL**

Provider: <b>River Towne Center</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00082684A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4711				1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qltry BIMS score 58.7%	5.5%	Quarterly Medicaid CMI: 1.6401				1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.20	2.0%	Qltry Mcaid CMI w RUG Wght Options: 1.6689				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475.00	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
	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 Svcs	Ln 7 / Ln 8 Col a	\$114.91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46 (FRV)	\$0.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.66	\$0.00	\$2.42	\$2.80	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.38	\$49.38	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6689								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.41	\$82.41	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.53	\$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
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	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.22	\$89.12	\$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	\$116.34									

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

**FINAL**

Provider: <b>Riverdale Place Care and Rehab</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00083289A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.5593</b>				<b>1.5993</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score <b>45.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6130</b>				<b>1.6130</b>	<b>1.5138</b>	
				<b>3.46</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6433</b>				<b>1.6433</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117.00	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days									50,021	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79 (FRV)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.27	\$0.00	\$2.36	\$2.71	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.02	\$46.84	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6433								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$145.15	\$76.97	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwjd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.23	\$4.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.80	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.95	\$84.04	\$0.00	\$15.44	\$17.86	\$0.00	\$41.44	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.64									

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

**FINAL**

Provider: <b>Riverside Health &amp; Rheab of Thomaston</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140346A</b>			Growth Allowance: N/A			18.37%	Base Period Overall CMI: 1.1990			1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 45.3%			5.5%	Quarterly Medicaid CMI: 1.5048			1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.63			4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5315			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,046.78	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092	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								24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.1990</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.57	\$11.29	\$0.00	\$3.04	\$3.46	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$72.73	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5315</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.75	\$111.39	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.13	\$6.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.85	\$11.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.60</b>	<b>\$122.51</b>	<b>\$0.00</b>	<b>\$19.82</b>	<b>\$22.69</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.84</b>	<b>\$9.49</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.88</b>									

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

**FINAL**

Provider: <b>Riverside Healthcare Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140324A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4742	1.3699
Case Mix Per Diem Rate Effective Date: 10/01/20			Qtrly BIMS score		44.6%	2.5%	Quarterly Medicaid CMI:				1.3336	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3559	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstms	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.36	\$68.98	\$0.00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25.36	\$3.86	\$31.94	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16 (FRV)	\$1.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.3559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.42	\$75.10	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.88	\$1.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.81</b>	<b>\$79.76</b>	<b>\$0.00</b>	<b>\$16.21</b>	<b>\$18.65</b>	<b>\$0.00</b>	<b>\$44.87</b>	<b>\$3.86</b>	<b>\$8.16</b>	<b>\$1.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.78</b>									

### Quarterly Case Mix Per Diem Calculation

## FINAL

Provider: Riverview Health & Rehab Ctr			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00040741A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2970	1.3617
H/B ? : No			BIMS:		30.0%	1.0%	Quarterly Medicaid CMI:			1.4692	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4936	1.5405

  

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b><i>Cost Center Peer Groups per Selected Options</i></b>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
<b><i>Peer Group Standards &amp; Efficiency Measure Limits</i></b>												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
<b><i>Per Diem Costs and Add-ons</i></b>												
<i>GL-PL- Insurance Costs</i>												
<i>Total Nursing Facility Days GL-PL Ins. Rpt</i>												
<i>Standard Per Diem (After CMA for Routine Svcs)</i>												
<i>Allowed @ 95% of Std</i>												
<i>Growth Allowance 18.4%</i>												
<i>CMA Allowed Per Diem (After Growth Allowance)</i>												
<i>Quarterly Facility Case Mix Index for Medicaid Residents</i>												
<i>Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem</i>												
<i>Quarterly Medicaid CMA Allowed Per Diem</i>												
<b><i>Quarterly Per Diem Add-On Amounts</i></b>												
<i>BIMS Add-on Per Diem = 1.0% o Routine Svcs)</i>												
<i>Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%</i>												
<i>Nursing Home Provider Fee</i>												
<b><i>Total Quarterly Per Diem Add-On Amounts</i></b>												
<b><i>Quarterly Case Mix Based Per Diem Rate</i></b>												
<i>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</i>												

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

**FINAL**

Provider: <b>Roberta Health Care</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142777A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.4576	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		50.8%	5.5%				1.5902	1.5138
						2.30	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6180	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,401.77	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&F)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.95	\$6.27	\$0.00	\$2.04	\$2.64	\$0.00	\$3.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$98.63	\$40.41	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6180								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.60	\$65.38	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.31	\$1.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$147.14</b>	<b>\$70.82</b>	<b>\$0.00</b>	<b>\$13.34</b>	<b>\$17.44</b>	<b>\$0.00</b>	<b>\$36.80</b>	<b>\$0.98</b>	<b>\$6.87</b>	<b>\$0.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$97.53</b>									

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

**FINAL**

Provider: <b>Rockdale Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00838252A</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.6517	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qtrly BIMS score		24.3%	1.0%	Quarterly Medicaid CMI:				1.6128	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6430	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907.40	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$241,133)	\$0	\$0	\$0	(\$9,128)	(\$13,765)	(\$153,072)		(\$190,364)	\$125,196
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442	\$376,143	\$1,263,591	\$128,540	\$1,655,527	\$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24		\$36.85	\$3.85	\$48.27	\$3.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24		\$20.56	\$3.85	14.00 (FRV)	\$3.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.83	\$8.95	\$0.00	\$2.75	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.65	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6430								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.88	\$94.72	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.93	\$99.04	\$0.00	\$17.95	\$22.00	\$0.00	\$41.44	\$3.85	\$14.00	\$3.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.62									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Rockmart Health</b> Prvdr ID: <b>003182988A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 35.3% Nurse Hours per On-Site Day/Quality Incentive: 3.98		Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4777 Quarterly Medicaid CMI: 1.5030 Qtrly Mcaid CMI w RUG Wght Options: 1.5405				Facility Specific Use Stwd: 1.3617 1.4777 1.5030	State-wide: 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$23,590.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								14,490		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.00
	<u>Allowed @ 90% of Std</u>		\$141.98	\$64.36		\$16.57	\$20.78		\$18.50		\$21.77	\$0.00
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$152.47	\$76.18		\$19.61	\$24.60		\$21.90	\$ 1.63	8.55	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.5030</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$114.50								
	Quarterly Medicaid CMA Allowed Per Diem		\$190.79	\$114.50		\$19.61	\$24.60		\$21.90	\$1.63	\$8.55	\$0.00
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.86	\$2.86								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.44	\$3.44								
	Nursing Home Provider Fee		\$17.10						17.1			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$23.40									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$214.19</b>	<b>\$120.80</b>		<b>\$19.61</b>	<b>\$24.60</b>		<b>\$39.00</b>	<b>\$1.63</b>	<b>\$8.55</b>	<b>\$0.00</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$147.82										

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

**FINAL**

Provider: <b>Rome Health and Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140753A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	18.37%	Base Period Overall CMI: <b>1.6744</b>				1.6744	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score <b>22.7%</b>	1.0%	Quarterly Medicaid CMI: <b>1.7928</b>				1.7928	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8267</b>				1.8267	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,288,641.96	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$389,506)	\$0	\$0	\$0	\$0	\$1,892	(\$391,398)		(\$38,357)	\$38,357
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	\$515,153	\$185,219	\$293,973	\$839,553	\$2,885	\$221,073	\$38,357
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days								33,075		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6744								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06		\$20.56	\$0.09	14.64 (FRV)	\$1.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.02	\$0.00	\$2.78	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.88	\$58.14	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8267								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.94	\$106.20	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.38	\$109.91	\$0.00	\$18.12	\$17.05	\$0.00	\$41.44	\$0.09	\$14.64	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.96									

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

**FINAL**

Provider: <b>Rose City Health and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00083311A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5200	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		36.7%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.6529	1.5138	
				3.35	3.0%					1.6828	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,126,173.60	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.11	\$69.49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOIhr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14 (FRV)	\$1.19
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.48	\$8.40	\$0.00	\$2.98	\$2.32	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.04	\$54.12	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6828								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIhr = Ln 16	\$160.99	\$91.07	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$184.26	\$96.61	\$0.00	\$19.41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	\$1.19
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$125.37									

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

**FINAL**

Provider: <b>Roselane Health and Rehab Center</b> Prvdr ID: <b>00831751A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>23.6%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>4.01</b>		<b>N/A</b>	<b>18.37%</b> <b>1.0%</b> <b>3.0%</b>	Base Period Overall CMI: <b>1.5874</b> Quarterly Medicaid CMI: <b>1.8607</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.8962</b>				<b>1.5874</b> <b>1.8607</b> <b>1.5405</b>	<b>1.3617</b> <b>1.5138</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,250.74	\$4,527,903	\$0	\$783,412	\$278,374	\$481,065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$86,774)	\$14,162	\$0	\$0	\$0	\$0	(\$100,936)		(\$105,761)	\$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	\$783,412	\$278,374	\$481,065	\$1,095,630	\$3,214	\$486,956	\$105,761
8	Total Nursing Facility Days As Filed Days = 45,393 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	45,393								44,524	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80 (FRV)	\$2.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alkwn %	\$21.60	\$11.58	\$0.00	\$3.17	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.39	\$74.62	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8962								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.26	\$141.49	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.24	\$4.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.17	\$147.67	\$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	\$172.55									

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

**FINAL**

Provider: <b>Rosemont at Stone Mountain</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00587331A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2404				1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 48.2%		5.5%		Quarterly Medicaid CMI: 1.6504				1.5138
				3.09		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6805				1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612.00	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)		(\$128,317)	\$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2404								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	\$5.84	\$2.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06 (FRV)	\$2.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6805								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.92	\$114.53	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.30	\$6.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.22	\$9.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$218.14	\$123.65	\$0.00	\$17.54	\$20.98	\$0.00	\$37.98	\$3.28	\$12.06	\$2.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$150.78									

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

**FINAL**

Provider: <b>Ross Memorial Health Care Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142942A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2961			1.2961	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score 33.3%		33.3%	2.5%	Quarterly Medicaid CMI: 1.5459			1.5459	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.50		4.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5714			1.5714	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989.00	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$64,497	\$312,292	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70,168
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.57	\$12.08	\$0.00	\$3.38	\$3.93	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$77.83	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5714								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.78	\$122.30	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.67	\$3.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.26	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.92	\$129.56	\$0.00	\$21.79	\$25.75	\$0.00	\$37.96	\$2.11	\$12.62	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.12									

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

**FINAL**

<div> <div> Provider: <b>Roswell Nursing &amp; Rehab Ctr</b>  Prvdr ID: <b>00141248A</b> </div> <div> <div>Case Mix Per Diem Rate Effective Date: 10/1/2020</div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</div> </div> <div> <div>Add-on Data and Percentages</div> <div> Growth Allowance: N/A  Qtrly BIMS score 49.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.40 </div> </div> <div> <div>Facility Score</div> <div>2.0%</div> </div> <div> <div>Add-on Percent</div> <div>18.37%</div> </div> <div> <div>Case Mix Index (CMI) Data</div> <div> Base Period Overall CMI: 1.6341  Quarterly Medicaid CMI: 1.7092  Qtrly Mcaid CMI w RUG Wght Options: 1.7415 </div> </div> <div> <div>Facility Specific</div> <div>1.6341 1.7092 1.7415</div> </div> <div> <div>State-wide</div> <div>1.4014 1.5138 1.5405</div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FRV)	\$2.13
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.22	\$13.47	\$0.00	\$3.01	\$3.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.92	\$86.78	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7415								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.27	\$151.13	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.31	\$8.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.06	\$11.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$261.33	\$162.46	\$0.00	\$19.60	\$21.86	\$0.00	\$45.53	\$0.31	\$9.44	\$2.13
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$193.17									

Quarterly Case Mix Per Diem Calculation

FINAL

<b>Provider: Sadie G. Mays Health &amp; Rehab Center</b> <b>Prvdr ID: 00141842A</b> <b>H/B ? : No</b>			<b>Add-on Data and Percentages</b> <b>Growth Allowance:</b> N/A <b>BIMS:</b> 39.8% <b>Nurse Hours per On-Site Day/Quality Incentive:</b> 3.50			<b>Facility Score</b> N/A 39.8% 3.50	<b>Add-on Percent</b> 18.37% 2.5% 5.0%	<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI:</b> 1.3125 <b>Quarterly Medicaid CMI:</b> 1.4587 <b>Qtrly Mcaid CMI w RUG Wght Options:</b> 1.4826			<b>Facility Specific</b> 1.3125 1.4587 1.4826	<b>State-wide</b> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$188,573.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,261		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.54
	<u>Allowed @ 90% of Std</u>		\$142.52	\$64.36		\$16.57	\$20.78		\$18.50		\$21.77	\$0.54
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$156.56	\$76.18		\$19.61	\$24.60		\$21.90	\$ 2.89	10.84	\$0.54
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4826</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.95								
	Quarterly Medicaid CMA Allowed Per Diem		\$193.33	\$112.95		\$19.61	\$24.60		\$21.90	\$2.89	\$10.84	\$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.82	\$2.82								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$5.65	\$5.65								
	Nursing Home Provider Fee		\$0.00						0			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$8.47									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$201.80</b>	<b>\$121.42</b>		<b>\$19.61</b>	<b>\$24.60</b>		<b>\$21.90</b>	<b>\$2.89</b>	<b>\$10.84</b>	<b>\$0.54</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$151.35										



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

**FINAL**

Provider: Savannah Beach Nursing & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00142876A	Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1996				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 51.5%	5.5%	Quarterly Medicaid CMI: 1.3997				1.5138		
				3.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4252				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375.41	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmlt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19.35	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmlt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19.35	\$0.74
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00	\$3.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.91	\$72.62	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4252								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.79	\$103.50	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.39	\$8.29	\$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	\$201.18	\$111.79	\$0.00	\$18.09	\$20.25	\$0.00	\$38.54	\$2.28	\$9.49	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.06									

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

**FINAL**

Provider: <b>Scott Health &amp; Rehabilitation</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141644A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3422	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			25.6%	1.0%	Quarterly Medicaid CMI:			1.5974	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.69	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6262	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	rate		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423.26	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3422</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.82	\$10.16	\$0.00	\$2.82	\$3.29	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.28	\$65.49	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6262</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.29	\$106.50	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.19</b>	<b>\$111.30</b>	<b>\$0.00</b>	<b>\$18.37</b>	<b>\$21.61</b>	<b>\$0.00</b>	<b>\$40.36</b>	<b>\$3.44</b>	<b>\$9.43</b>	<b>\$0.68</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.07</b>									

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

**FINAL**

Provider: <b>Sears Manor</b> Prvdr ID: <b>00142898A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Add-on Data and Percentages Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>60.0%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>5.00</b>		Facility Score: <b>N/A</b>	Add-on Percent: <b>18.37%</b> <b>5.5%</b> <b>3.0%</b>	Case Mix Index (CMI) Data Base Period Overall CMI: <b>1.2990</b> Quarterly Medicaid CMI: <b>1.5281</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5544</b>		Facility Specific: <b>1.2990</b> <b>1.5281</b> <b>1.5544</b>	State-wide: <b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947.00	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8	Total Nursing Facility Days As Filed Days = 28,225 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,225								27,219	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88 (FRV)	\$0.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.23	\$10.67	\$0.00	\$2.94	\$3.37	\$0.00	\$3.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.21	\$68.74	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5544								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.32	\$106.85	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.88	\$5.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.72	\$9.62	\$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	\$209.04	\$116.47	\$0.00	\$19.15	\$22.10	\$0.00	\$38.41	\$2.15	\$9.88	\$0.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.96									

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

**FINAL**

Provider: <b>Seminole Manor Nursing Home</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142909A</b>			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2760	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score		30.8%	2.5%	Quarterly Medicaid CMI:				1.0946	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		4.33	3.0%	Qtrlyr Mcaid CMI w RUG Wght Options:				1.1078	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,031,689.00	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2760								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.60	\$12.23	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$78.83	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.36	\$87.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.43	\$5.33	\$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	\$205.79	\$92.66	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.27	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.52									

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

**FINAL**

Provider: Senior Care Ctr.-Brunswick		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 000830827B		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2904				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qlry BIMS score 20.8%	1.0%	Quarterly Medicaid CMI: 1.3516				1.5138		
				3.27	3.0%	Qlry Mcaid CMI w RUG Wght Options: 1.3745				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309.00	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.36	\$13.14	\$0.00	\$3.32	\$4.12	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.59	\$84.65	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3745								
18	Qlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.29	\$116.35	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.28	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.57	\$121.00	\$0.00	\$21.59	\$26.96	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.43									

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

FINAL

Provider: Senior Care Ctr.- St. Marys		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143129A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:			1.2093	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		31.1%		2.5%	Quarterly Medicaid CMI:			1.2159	1.5138	
				4.26		3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2315	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594.00	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5.11	\$6.58	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2093								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.76	\$71.51	\$0.00	\$17.91	\$23.09		\$20.56	\$5.11	10.41 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.45	\$13.14	\$0.00	\$3.29	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.21	\$84.65	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2315								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.81	\$104.25	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.74	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.87	\$109.99	\$0.00	\$21.42	\$27.33	\$0.00	\$41.44	\$5.11	\$10.41	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.83									

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

**FINAL**

Provider: <b>Signature HC of Buckhead</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00040763A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.5246	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 31.7%	2.5%	Quarterly Medicaid CMI:				1.7835	1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8181	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,994.70	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5246</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57		\$37.39	\$9.07	\$20.98	\$4.36
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.02	\$11.58	\$0.00	\$3.06	\$3.60	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.44	\$74.63	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8181</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$226.49	\$135.68	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.36	\$6.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.85</b>	<b>\$142.31</b>	<b>\$0.00</b>	<b>\$19.96</b>	<b>\$23.58</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$9.07</b>	<b>\$10.13</b>	<b>\$4.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.31</b>									

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

**FINAL**

Provider: <b>Signature HC - Marietta</b>				Facility	Add-on					Facility	State-	
Prvdr ID: <b>00142986A</b>				<u>Add-on Data and Percentages</u>	<u>Score</u>	<u>Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Specific</u>	<u>wide</u>
		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.4557	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score	17.7%	0.0%	Quarterly Medicaid CMI:				1.8702	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:	3.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9067	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029.22	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.72	\$12.14	\$0.00	\$3.38	\$3.42	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$78.23	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9067								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.75	\$149.16	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$3.51	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.77</b>	<b>\$152.67</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$22.47</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$1.99</b>	<b>\$12.36</b>	<b>\$2.05</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.25</b>									



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

**FINAL**

Provider: Signature Healthcare of Savannah		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083157A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.6565	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	17.9%	Quarterly Medicaid CMI:				1.7535	1.5138	
					3.75	Qtrly Mcaid CMI w RUG Wght Options:				1.7878	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,163,426.08	\$3,322,791	\$0	\$575,380	\$227,959	\$317,863	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$83.33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6565								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.56	\$50.31	\$0.00	\$14.48	\$13.79		\$20.56	\$0.92	10.25 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.77	\$59.55	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7878								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.68	\$106.46	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.39	\$2.66	\$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	\$197.07	\$109.12	\$0.00	\$17.36	\$16.73	\$0.00	\$41.44	\$0.92	\$10.25	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.98									

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

FINAL

<div> <div> Provider: <b>Smith Medical Nursing Care Center</b>  Prvdr ID: <b>00143008A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 36.4%  Nurse Hours per On-Site Day/Quality Incentive: 2.07 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  0.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 0.9535  Quarterly Medicaid CMI: 0.9408  Qtrly Mcaid CMI w RUG Wght Options: 0.9490 </div> <div> Facility Specific: 0.9535  0.9408  0.9490 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$1,363,450.00	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,988 As Filed Days = 17,789	16,988									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>0.9535</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	\$0.93	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18 (FRV)	\$0.87
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>0.9490</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$44.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$101.24	\$44.54	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.74	\$1.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$120.98</b>	<b>\$46.18</b>	<b>\$0.00</b>	<b>\$11.89</b>	<b>\$13.82</b>	<b>\$0.00</b>	<b>\$35.23</b>	<b>\$2.81</b>	<b>\$10.18</b>	<b>\$0.87</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$77.91</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

<div> <div> Provider: <b>Social Circle Nursing and Rehab Center</b>  Prvdr ID: <b>00143041A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 32.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.58 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5267  Quarterly Medicaid CMI: 1.6333  Qtrly Mcaid CMI w RUG Wght Options: 1.6649 </div> <div> Facility Specific: 1.5267  1.6333  1.6649 </div> <div> State-wide: 1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,102,789	\$1,142,250	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$5,854	\$188,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$19,636)	\$0	\$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,083,153	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.27	\$17.60	\$0.74
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<b>1.5267</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.27	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02	\$0.27	9.39 (FRV)	\$0.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.00	\$13.15	\$0.00	\$3.40	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.06	\$84.75	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6649</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.41	\$141.10	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.02	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.43</b>	<b>\$149.39</b>	<b>\$0.00</b>	<b>\$22.13</b>	<b>\$19.98</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$0.27</b>	<b>\$9.39</b>	<b>\$0.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.75</b>									

### Quarterly Case Mix Per Diem Calculation

## FINAL

[illegible]

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

**FINAL**

Provider: <b>Southland Nursing Home</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00409054A</b>			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4974	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			30.2%	2.5%	Quarterly Medicaid CMI:			1.5270	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			3.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5508	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>			<i>50.0%</i>		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>			<i>105.0%</i>		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>			<i>\$0.37</i>		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981.26	\$5,013,180	\$0	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$29,285)	(\$707)	\$0	(\$3,735)	\$0	\$0	(\$28,578)		(\$83,132)	\$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,520,696	\$5,012,473	\$0	\$889,679	\$455,650	\$544,070	\$1,111,404	\$147,464	\$1,273,089	\$86,867
8	Total Nursing Facility Days As Filed Days = 52,588	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 Svcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4974</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grnwth Allwnc %	\$22.07	\$11.69	\$0.00	\$3.11	\$3.49	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.55	\$75.35	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5508</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.05	\$116.85	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.85	\$8.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.90</b>	<b>\$124.97</b>	<b>\$0.00</b>	<b>\$20.25</b>	<b>\$22.91</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.98</b>	<b>\$13.70</b>	<b>\$1.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.10</b>									



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

**FINAL**

Provider: <b>Southland Healthcare &amp; Rehab Ctr.</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143558A</b>			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.5242			1.5242	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 35.1%			2.5%		Quarterly Medicaid CMI: 1.4319			1.4319	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 2.85			2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4548			1.4548	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749.00	\$2,423,160	\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$545,105)	(\$169,656)	\$0	(\$3,887)	\$3,071	(\$4,176)	(\$363,805)		(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0	\$482,900	\$284,717	\$303,944	\$552,348	\$49,173	\$663,884	\$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days									33,391	
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.5242								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	\$18.75	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	7.96 (FRV)	\$0.91
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4548								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.53	\$71.90	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on		\$1.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$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	\$158.40	\$75.67	\$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	\$105.98									

Quarterly Case Mix Per Diem Calculation

FINAL

<b>Provider: Southwell Health and Rehab</b> <b>Prvdr ID: 00059826A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 42.5% Nurse Hours per On-Site Day/Quality Incentive: 4.01		Facility Score N/A	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4305 Quarterly Medicaid CMI: 1.2376 Qtrly Mcaid CMI w RUG Wght Options: 1.2556			Facility Specific 1.4305 1.2376 1.2556	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 34,380		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								31,753		
Standard Per Diem (After CMA for Routine Svcs)		FY 2013 Peer Group Limit									\$27.24	\$0.34
Allowed @ 95% of Std			\$168.79	\$73.90		\$28.00	\$23.27		\$23.46		\$27.24	\$0.34
Growth Allowance 18.37%			\$25.94	\$12.90		\$26.60	\$22.11		\$22.29			
CMA Allowed Per Diem (After Growth Allowance)			\$197.46	\$83.11		\$4.89	\$4.06		\$4.09			
Quarterly Facility Case Mix Index for Medicaid Residents				1.2556		\$31.49	\$26.17		\$26.38	\$ 2.73	\$27.24	\$0.34
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$104.35							(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem			\$218.70	\$104.35		\$31.49	\$26.17		\$26.38	\$2.73	\$27.24	\$0.34
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% to Routine Svcs			\$2.61	\$2.61								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.13	\$3.13								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$22.84									
<b>Quarterly Case Mix Based Per Diem Rate</b>			\$241.54	\$110.09		\$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%		\$168.33										

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

**FINAL**

Provider: <b>Sparta Health &amp; Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143063A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.0832	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		14.3%	3.39	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2993	1.5138
						3.0%					1.3216	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795.29	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)		(\$16,933)	\$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.11	\$10.80	\$0.00	\$2.62	\$2.91	\$0.00	\$2.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.19	\$69.61	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3216								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.58	\$92.00	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$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	\$21.39	\$3.29	\$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	\$178.97	\$95.29	\$0.00	\$17.08	\$19.15	\$0.00	\$35.38	\$3.05	\$8.35	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.40									



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

**FINAL**

Provider: <b>Stevens Park</b> Prvdr ID: <b>03143404A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>31.8%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>4.33</b>	<b>N/A</b> <b>31.8%</b> <b>4.33</b>	<b>18.37%</b> <b>2.5%</b> <b>3.0%</b>	Base Period Overall CMI: <b>1.6519</b> Quarterly Medicaid CMI: <b>1.6815</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.7143</b>				<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797.46	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days As Filed Days = 16,235 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	16,235							15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.6519</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.23	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.02	\$13.03	\$0.00	\$3.38	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.25	\$83.94	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7143</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.21	\$143.90	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.86	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$8.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$279.09</b>	<b>\$152.27</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$25.08</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$3.02</b>	<b>\$34.43</b>	<b>\$1.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$196.49</b>									

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

**FINAL**

Provider: Summerhill Elderliving Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00142139A	Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.3692				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 50.0%	5.5%	Quarterly Medicaid CMI: 1.5909				1.5138		
				4.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6191				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605.00	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632)		(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days	As Filed Days = 55,253										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,192										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83 (FRV)	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.23	\$10.72	\$0.00	\$3.38	\$3.91	\$0.00	\$3.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$69.06	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6191								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.49	\$111.82	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.15	\$6.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.91	\$10.03	\$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	\$224.40	\$121.85	\$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	\$155.48									

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

**FINAL**

<div> <div> Provider: <b>Syl-View Health Care Center, Inc.</b>  Prvdr ID: <b>00040796A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 36.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.54 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  2.5%  4.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1798  Quarterly Medicaid CMI: 1.2875  Qtrly Mcaid CMI w RUG Wght Options: 1.3079 </div> <div> Facility Specific: 1.1798  1.2875  1.3079 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,902,776.00	\$2,054,107	\$0	\$497,355	\$318,621	\$206,770	\$442,929	\$85,829	\$297,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$135,020)	(\$38,629)	\$0	(\$1,545)	(\$611)	\$0	(\$91,419)		(\$24,967)	\$22,151
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
8	Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3.15	\$7.96	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.1798</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89 (FRV)	\$0.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.55	\$9.18	\$0.00	\$2.66	\$2.82	\$0.00	\$1.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.33	\$59.14	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.3079</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.54	\$77.35	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$160.19</b>	<b>\$82.90</b>	<b>\$0.00</b>	<b>\$17.38</b>	<b>\$18.58</b>	<b>\$0.00</b>	<b>\$29.64</b>	<b>\$3.15</b>	<b>\$7.89</b>	<b>\$0.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$107.32</b>									

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

**FINAL**

Provider: <b>Thunderbolt Transitional Care and Rehab</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00727801A</b>				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5802				1.5802	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score: 26.0%	1.0%	Quarterly Medicaid CMI: 1.5269				1.5269	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.29	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5544				1.5544	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,904,994.00	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29.40	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.30	\$0.00	\$2.58	\$2.97	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.64	\$53.48	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,5544								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$167.29	\$83.13	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.85	\$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	\$188.87	\$86.98	\$0.00	\$16.86	\$19.54	\$0.00	\$41.44	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.83									

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

FINAL

<div> <div> Provider: <b>Tattnall Nursing, LLC</b>  Prvdr ID: <b>00143228A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 28.8%  Nurse Hours per On-Site Day/Quality Incentive: 2.72 </div> <div> Facility Score  Add-on Percent  18.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1942  Quarterly Medicaid CMI: 1.2912  Qtrly Mcaid CMI w RUG Wght Options: 1.3130 </div> <div> Facility Specific  State-wide  1.3617  1.5138  1.5405 </div> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				90.0%	90.0%	90.0%	85.0%		50.0%			
				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069.00	\$1,467,317	\$0	\$342,930	\$203,077	\$203,189	\$535,778	\$19,237	\$270,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,506 As Filed Days = 27,626	30,506									
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0.70	\$9.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1942								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.13	\$7.39	\$0.00	\$2.06	\$2.44	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.54	\$47.63	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3130								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$120.45	\$62.54	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.63	\$0.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.25	\$1.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.51	\$2.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$140.96</b>	<b>\$64.95</b>	<b>\$0.00</b>	<b>\$13.52</b>	<b>\$16.15</b>	<b>\$0.00</b>	<b>\$38.34</b>	<b>\$0.70</b>	<b>\$6.65</b>	<b>\$0.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$92.90</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

Provider: <b>Taylor County Health Care</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00432924A</b>			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.2388			1.2388	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score 43.3%			43.3%	2.5%	Quarterly Medicaid CMI: 1.5782			1.5782	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.31			3.31	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6056			1.6056	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,923.72	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	23,918								26,022	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2388</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	10.96 (FRV)	\$1.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	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 + Ln 15	\$138.65	\$66.19	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6056</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.73	\$106.27	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
<b>Quarterly Per Diem Add-on Amounts</b>												
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$203.21	\$112.65	\$0.00	\$17.61	\$18.75	\$0.00	\$38.84	\$2.87	\$10.96	\$1.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.58									

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

**FINAL**

Provider: <b>The Center for Advanced Rehab @ Parkside</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00083102A</b>			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2877	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qltry BIMS score		26.1%	1.0%	Quarterly Medicaid CMI:			1.9116	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		4.07	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.9495	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148.00	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239		(\$79,976)	\$2,664
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021	\$494,152	\$1,050,949	\$148,372	\$976,988	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,236								43,354	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.06	\$94.82	\$0.00	\$11.23	\$20.95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2877								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.99	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3.42	14.24 (FRV)	\$0.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.83	\$13.14	\$0.00	\$2.06	\$3.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$84.65	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14.24	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9495								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$165.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.20	\$165.03	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14.24	\$0.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.95	\$4.95								
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	\$24.33	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$269.53	\$171.63	\$0.00	\$13.51	\$25.21	\$0.00	\$41.44	\$3.42	\$14.24	\$0.08
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$189.32									

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

**FINAL**

Provider: <b>The Bell-Minor Home, Inc.</b> Prvdr ID: <b>00059397A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>35.5%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.16</b>		<b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.4312</b> Quarterly Medicaid CMI: <b>1.6520</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.6850</b>			<b>1.3699</b>	<b>1.5138</b> <b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$5,675,335	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$1,020,033	\$133,682	\$1,224,837	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjtsmts	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,551
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days								34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4312								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.32	\$43.97	\$0.00	\$13.54	\$17.90		\$23.46	\$3.89	13.68 (FRV)	\$1.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.17	\$8.08	\$0.00	\$2.49	\$3.29	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.49	\$52.05	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6850								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.14	\$87.70	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$195.22	\$93.05	\$0.00	\$16.25	\$21.60	\$0.00	\$44.87	\$3.89	\$13.68	\$1.88
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$133.59									



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

**FINAL**

Provider: The Fountainview Ctr for Alzheimer's Disease			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00421429A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2118	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020			Qtrly BIMS score		82.2%	5.5%	Quarterly Medicaid CMI:			1.5807	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Nurse Hours per On-Site Day/Quality Incentive:		4.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6078	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180.00	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.08	\$83.48	\$0.00	\$23.10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2118								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.20	\$68.89	\$0.00	\$18.41	\$21.89		\$20.56	\$3.30	14.03 (FRV)	\$4.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.84	\$12.66	\$0.00	\$3.38	\$4.02	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.04	\$81.55	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.61	\$131.12	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.21	\$7.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.18	\$11.67	\$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	\$253.79	\$142.79	\$0.00	\$21.79	\$26.32	\$0.00	\$41.44	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.52									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>The Lodge</b> Prvdr ID: <b>00142381A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 42.9% Nurse Hours per On-Site Day/Quality Incentive: 4.46		Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4841 Quarterly Medicaid CMI: 1.6567 Qtrly Mcaid CMI w RUG Wght Options: 1.6882				Facility Specific: 1.4841 1.6567 1.6882	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Srvcs)												
<u>Allowed @ 95% of Std</u>												
Growth Allowance 18.4%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% o Routine Srvcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		\$186.54										

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

**FINAL**

Provider: <b>The Oaks - Bethany (Vidalia)</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00140258A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4603				1.4603	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 37.3%	2.5%	Quarterly Medicaid CMI: 1.4888				1.4888	1.5138	
					3.46	Qtrly Mcaid CMI w RUG Wght Options: 1.5138				1.5138	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531.00	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)		(\$32,151)	\$30,614
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113	\$552,132	\$954,176	\$404,204	\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&F)	\$16.14	\$7.14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$10.04	\$0.00	\$2.70	\$3.70	\$0.00	\$2.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5138								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$179.14	\$97.91	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$203.16	\$103.83	\$0.00	\$17.64	\$24.27	\$0.00	\$36.57	\$7.14	\$13.19	\$0.52
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.55									

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

**FINAL**

Provider: <b>The Oaks at Limestone, LLC</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141743A</b>			Growth Allowance: N/A			50.0%	18.37%	Base Period Overall CMI: 1.5724			1.5362	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			5.5%	5.5%	Quarterly Medicaid CMI: 1.5362			1.5138	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.05			2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5592			1.5405	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050.00	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,533							34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$3.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grnth Allwnc %	\$22.96	\$12.03	\$0.00	\$2.91	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.20	\$77.54	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5592								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.56	\$120.90	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.65	\$6.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.92	\$9.60	\$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	\$246.48	\$130.50	\$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	\$172.04									

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

**FINAL**

Provider: <b>The Oaks at Scenic View</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00178307A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5260			1.3617		
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score 19.1%		19.1%	0.0%	Quarterly Medicaid CMI: 1.6365			1.5138		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.07		4.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6662			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419.00	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15 (FRV)	\$2.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.92	\$10.63	\$0.00	\$2.51	\$4.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.79	\$68.47	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6662								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.40	\$114.08	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.08	\$118.03	\$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	\$153.74									

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

**FINAL**

Provider: <b>The Oaks Nursing Home, Inc.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142271A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2854	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		10/1/2020		Qtrly BIMS score		46.0%	5.5%	Quarterly Medicaid CMI:			1.7229	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7567	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985.00	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2854								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78 (FRV)	\$2.09
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.34	\$8.65	\$0.00	\$2.80	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.62	\$55.73	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7567								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.79	\$97.90	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.58	\$8.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.37	\$106.75	\$0.00	\$18.25	\$20.45	\$0.00	\$41.44	\$1.61	\$14.78	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.20									

Quarterly Case Mix Per Diem Calculation

FINAL

<b>Provider: The Oaks of Athens</b> <b>Prvdr ID: 00140126A</b> <b>H/B ? : No</b>				<b>Add-on Data and Percentages</b> <b>Growth Allowance:</b> <b>BIMS:</b> <b>Nurse Hours per On-Site Day/Quality Incentive:</b>		<b>Facility Score</b> N/A 19.1% 4.16	<b>Add-on Percent</b> 18.37% 0.0% 3.0%	<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI:</b> <b>Quarterly Medicaid CMI:</b> <b>Qtrly Mcaid CMI w RUG Wght Options:</b>			<b>Facility Specific</b> 1.4177 1.4992 1.5266	<b>State-wide</b> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group				1	1	2	1	1	1			
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Peer Group Standards & Efficiency Measure Limits				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs										\$ 356,084		
Total Nursing Facility Days GL-PL Ins. Rpt										48,701		
Standard Per Diem (After CMA for Routine Srvcs)					\$71.51	\$18.41	\$23.09		\$20.56		\$30.90	\$1.82
Allowed @ 95% of Std				\$159.61	\$67.93	\$17.49	\$21.94		\$19.53		\$30.90	\$1.82
Growth Allowance 18.4%				\$23.31	\$12.48	\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)				\$190.23	\$80.41	\$20.70	\$25.97		\$23.12	\$ 7.31	\$30.90	\$1.82
Quarterly Facility Case Mix Index for Medicaid Residents					1.5266						(FRV Rate)	
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$122.75							
Quarterly Medicaid CMA Allowed Per Diem				\$232.57	\$122.75	\$20.70	\$25.97		\$23.12	\$7.31	\$30.90	\$1.82
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 0.0% o Routine Srvcs)				\$0.00	\$0.00							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.68	\$3.68							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$20.78								
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$253.36</b>	<b>\$126.43</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$7.31</b>	<b>\$30.90</b>	<b>\$1.82</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$177.19</b>										



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

**FINAL**

Provider: <b>The Oaks of Carrollton</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140181A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5821	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score		21.1%	1.0%	Quarterly Medicaid CMI:			1.2308	1.5138
						3.99	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.2501	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555.00	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,635)	(\$3,973)	\$0	\$0	(\$1,599)	(\$3,386)	(\$34,759)		(\$88,849)	\$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days								14,492		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12		<u>1.5821</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.29	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	22.24 (FRV)	\$5.92
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.89	\$10.90	\$0.00	\$2.97	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.18	\$70.25	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2501</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.75	\$87.82	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
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	\$21.36	\$4.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$215.11	\$91.86	\$0.00	\$19.35	\$27.33	\$0.00	\$41.44	\$6.97	\$22.24	\$5.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$148.51									



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

**FINAL**

Provider: <b>The Place at Deans Bridge</b>			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141589A</b>			Growth Allowance: N/A				18.37%		Base Period Overall CMI: 1.4214				1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qltry BIMS score 34.3%				2.5%		Quarterly Medicaid CMI: 1.5182				1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 2.99				3.0%		Qltry Mcaid CMI w RUG Wght Options: 1.5478				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
	<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,709,219.00	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907		
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$9.77	\$0.00	\$2.98	\$2.94	\$0.00	\$3.50	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5478										
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.86	\$97.42	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24		
	<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.92	\$2.92										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$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	\$199.85	\$103.31	\$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	\$137.06											

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

**FINAL**

Provider: <b>The Place at Martinez</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142535A</b>			Growth Allowance: N/A			41.7%	18.37%	Base Period Overall CMI: 1.3341			1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score			2.5%	2.5%	Quarterly Medicaid CMI: 1.3543			1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.95			2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3755			1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064.00	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$47,334
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.78	\$84.56	\$0.00	\$17.29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3341</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	10.09 (FRV)	\$1.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.14	\$11.64	\$0.00	\$3.18	\$3.50	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.03	\$75.03	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3755</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.20	\$103.20	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$206.47	\$108.37	\$0.00	\$20.69	\$22.96	\$0.00	\$35.63	\$7.18	\$10.09	\$1.55
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$142.03									

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

**FINAL**

Provider: The Retreat Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00142733A	Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.0648	1.3617
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Qtrly BIMS score	35.7%	2.5%	Quarterly Medicaid CMI:				1.0720	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:	4.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.0822	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375.00	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241		(\$8,976)	\$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days		19,848								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.54	\$84.65	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0822								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.50	\$91.61	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$5.04	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.66	\$96.65	\$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	\$145.17									

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

**FINAL**

Provider: <b>Thomasville Nurs. &amp; Rehab. Ctr.</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00277604A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5025				1.5025	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 25.0%	1.0%	Quarterly Medicaid CMI: 1.5268				1.5268	1.5138	
				3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5541				1.5541	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,738,554.35	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days								17,102		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18.47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5025								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.20	\$0.00	\$18.47	\$18.54		\$26.56	\$0.60	\$22.15	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.32	\$7.75	\$0.00	\$3.38	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.59	\$49.95	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.27	\$77.63	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
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	\$21.15	\$3.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$177.42</b>	<b>\$81.27</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$22.36</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$0.60</b>	<b>\$9.36</b>	<b>\$0.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.24</b>									

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

**FINAL**

Provider: <b>Thomson Health &amp; Rehab</b> Prvdr ID: <b>00143261A</b>			<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>58.3%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>4.23</b>	<b>N/A</b> <b>5.5%</b> <b>4.23</b>	<b>18.37%</b> <b>5.5%</b> <b>4.0%</b>	Base Period Overall CMI: <b>1.1378</b> Quarterly Medicaid CMI: <b>1.4506</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.4746</b>				<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,744,749.00	\$2,887,297	\$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,939 As Filed Days = 42,165	43,939									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	42,165 \$2.36	\$13.64	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.1378</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.23	\$10.62	\$0.00	\$2.98	\$3.14	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.23	\$68.41	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4746</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.70	\$100.88	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.22	\$10.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.92</b>	<b>\$111.00</b>	<b>\$0.00</b>	<b>\$19.42</b>	<b>\$20.64</b>	<b>\$0.00</b>	<b>\$33.50</b>	<b>\$2.36</b>	<b>\$8.43</b>	<b>\$0.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.12</b>									

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

**FINAL**

Provider: <b>Tifton Health and Rehab Center</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143294A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		18.37%		Base Period Overall CMI: <b>1.4355</b>		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score <b>34.9%</b>		2.5%		Quarterly Medicaid CMI: <b>1.6308</b>		1.5138		1.5138		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>		3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.6597</b>		1.5405		1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668.45	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$13.98	\$11.73	(with L&H)	\$25.54	\$0.09	\$8.65	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4355								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8.65	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90 (FRV)	\$0.97
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.80	\$9.30	\$0.00	\$2.57	\$2.15	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$59.90	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6597								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.15	\$99.42	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$190.88	\$105.42	\$0.00	\$16.77	\$14.29	\$0.00	\$41.44	\$0.09	\$11.90	\$0.97
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$130.34									

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

**FINAL**

Provider: <b>Tower Road Healthcare</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00083003A</b>				Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.4452	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Nurse Hours per On-Site Day/Quality Incentive:		27.9%	1.0%				1.9805	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>						3.87	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0190	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435.35	\$3,614,570	\$0	\$652,801	\$289,111	\$444,765	\$1,459,904	\$56,650	\$290,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)		(\$54,872)	\$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1.36	\$5.86	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.38	\$11.27	\$0.00	\$2.98	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.09	\$72.60	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0190								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.07	\$146.58	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.66	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.73	\$151.51	\$0.00	\$19.42	\$21.99	\$0.00	\$41.44	\$1.36	\$12.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.47									

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

**FINAL**

Provider: <b>Townsend Park H &amp; R</b> Prvdr ID: <b>00404995A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3657	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Qtrly BIMS score	36.6%	2.5%	Quarterly Medicaid CMI:				1.3253	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:	3.74	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3450	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696.39	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$149,130	\$167,177	\$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
8	Total Nursing Facility Days As Filed Days = 28,961 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,961							41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2.88	\$15.93	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20.79		\$20.56	\$2.88	12.40 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.84	\$11.35	\$0.00	\$2.89	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.55	\$73.12	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3450</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.78	\$98.35	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.43</b>	<b>\$105.27</b>	<b>\$0.00</b>	<b>\$18.82</b>	<b>\$25.02</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.88</b>	<b>\$12.40</b>	<b>\$0.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.00</b>									



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

**FINAL**

Provider: Traditions Health & Rehab Prvdr ID: 00143701A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Growth Allowance: N/A Qltry BIMS score: 45.2% Nurse Hours per On-Site Day/Quality Incentive: 3.61			N/A 5.5% 3.61	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.2904 Quarterly Medicaid CMI: 1.6697 Qltry Mcaid CMI w RUG Wght Options: 1.6982			1.2904 1.6697 1.6982	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760.37	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,619)	(\$784)	\$0	\$0	\$0	\$0	(\$42,835)		(\$86,651)	\$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8	Total Nursing Facility Days	As Filed Days = 60,007										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 61,768										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	\$9.84	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	9.39 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.33	\$11.16	\$0.00	\$2.58	\$2.89	\$0.00	\$2.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.18	\$71.93	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6982								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.40	\$122.15	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.72	\$6.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.91	\$10.91	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.31	\$133.06	\$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	\$150.23									

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

FINAL

<div> <div> Provider: <b>Treutlen County Health &amp; Rehab</b>  Prvdr ID: <b>00143349A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 57.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.98 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  5.5%  5.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5628  Quarterly Medicaid CMI: 1.4242  Qtrly Mcaid CMI w RUG Wght Options: 1.4506 </div> <div> Facility Specific: 1.5628  1.4242  1.4506 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762.44	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days = 18,155 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	18,155								17,802	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5628</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.44	\$9.08	\$0.00	\$3.23	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$58.50	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4506</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.99	\$84.86	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.67	\$4.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.17	\$9.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.16</b>	<b>\$94.30</b>	<b>\$0.00</b>	<b>\$21.02</b>	<b>\$22.00</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$2.70</b>	<b>\$12.46</b>	<b>\$0.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.80</b>									

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

**FINAL**

Provider: <b>Twin Fountains Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142843A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.0956	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 54.0%	5.5%	Quarterly Medicaid CMI:				0.9926	1.5138	
				3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.0052	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364.00	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12.17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$32.79	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20.56	\$1.63	10.53 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.54	\$13.14	\$0.00	\$3.38	\$2.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.65	\$84.65	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0052								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.09	\$85.09	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$7.23	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.83</b>	<b>\$92.32</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$14.82</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$1.63</b>	<b>\$10.53</b>	<b>\$0.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.30</b>									

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

**FINAL**

Provider: <b>Twin Oaks Convalescent Center</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143393A</b>			Growth Allowance: N/A			18.37%	1.0%	Base Period Overall CMI: 1.2778			1.2778	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 26.2%			1.0%	3.0%	Quarterly Medicaid CMI: 1.5998			1.5998	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.79			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6288			1.6288	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	85.0%			50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275.00	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)		(\$15,041)	\$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, All/Othr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.88	\$11.52	\$0.00	\$4.85	\$3.04	\$0.00	\$3.47	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6288								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, All/Othr = Ln 16	\$215.49	\$120.94	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.96	\$126.31	\$0.00	\$31.49	\$20.01	\$0.00	\$39.85	\$2.15	\$18.90	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.40									

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

FINAL

<div> <div> Provider: <b>Twin View Health Care</b>  Prvdr ID: <b>00040807A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.22 </div> <div> Facility Score  Add-on Percent  18.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2987  Quarterly Medicaid CMI: 1.4872  Qtrly Mcaid CMI w RUG Wght Options: 1.5134 </div> <div> Facility Specific  State-wide  1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,496,357.69	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0.89	\$8.13	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2987</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$12.34	\$6.12	\$0.00	\$1.80	\$2.27	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$88.40	\$39.43	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5134</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$108.64	\$59.67	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(Sind - Alwd) x .75, up to max, or 0])	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.60	\$0.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Strng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$2.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$129.66</b>	<b>\$62.59</b>	<b>\$0.00</b>	<b>\$11.82</b>	<b>\$15.01</b>	<b>\$0.00</b>	<b>\$31.35</b>	<b>\$0.89</b>	<b>\$7.19</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$84.42</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

Provider: Union County Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143415A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.1218	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score		36.2%	2.5%	Quarterly Medicaid CMI:				1.1686	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1897	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,735.96	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$189,908)	(\$59,584)	\$0	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days	As Filed Days = 53,965										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,874										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.97	\$86.83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	\$2.27	\$9.90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1218								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	\$9.90	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	11.71 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.07	\$13.14	\$0.00	\$4.34	\$3.84	\$0.00	\$3.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.53	\$84.65	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1897								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.59	\$100.71	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.96	\$106.25	\$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	\$148.40									

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

**FINAL**

<div> <div> Provider: <b>University Nursing and Rehab Center</b>  Prvdr ID: <b>00140533A</b> </div> <div> Case Mix Per Diem Rate Effective Date: 10/1/2020  MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20 </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 23.3%  3.52 </div> <div> Facility Score  N/A  2.0% </div> <div> Add-on Percent  18.37%  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4327  Quarterly Medicaid CMI: 1.5003  Qtrly Mcaid CMI w RUG Wght Options: 1.5274  1.5405 </div> <div> Facility Specific  1.4327  1.5003  1.5274 </div> <div> State-wide  1.4014  1.5138  1.5405 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.70	\$13.47	\$0.00	\$2.76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.36	\$86.78	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5274								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.13	\$132.55	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stdnd - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.84</b>	<b>\$136.53</b>	<b>\$0.00</b>	<b>\$18.01</b>	<b>\$20.13</b>	<b>\$0.00</b>	<b>\$45.53</b>	<b>\$0.33</b>	<b>\$7.45</b>	<b>\$0.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.81</b>									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Vista Park Health and Rehab</b> Prvdr ID: <b>00142931A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 42.9% Nurse Hours per On-Site Day/Quality Incentive: 3.96		Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4571 Quarterly Medicaid CMI: 1.5596 Qtrly Mcaid CMI w RUG Wght Options: 1.5863				Facility Specific: 1.4571 1.5596 1.5863	State-wide: 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 159,341		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								43,250		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.42
<u>Allowed @ 95% of Std</u>			\$149.08	\$67.93		\$17.49	\$21.94		\$19.53		\$21.77	\$0.42
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$176.07	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.68	\$21.77	\$0.42
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.5863</u>							(FRV Rate)	
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$127.55								
Quarterly Medicaid CMA Allowed Per Diem			\$223.21	\$127.55		\$20.70	\$25.97		\$23.12	\$3.68	\$21.77	\$0.42
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% o Routine Srvs)			\$3.19	\$3.19								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.55	\$2.55								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$22.84									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$246.05</b>	<b>\$133.29</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$3.68</b>	<b>\$21.77</b>	<b>\$0.42</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$171.71</b>										



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

**FINAL**

<b>Provider: Warm Springs Med. Ctr. NH</b> <b>Prvdr ID: 00141952A</b>				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 37.1% Nurse Hours per On-Site Day/Quality Incentive: 3.68		<b>Facility Score</b> 37.1% 3.68	<b>Add-on Percent</b> 18.37% 2.5% 3.0%	<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.1001 Quarterly Medicaid CMI: 1.0507 Qtrly Mcaid CMI w RUG Wght Options: 1.0654			<b>Facility Specific</b> 1.1001 1.0507 1.0654	<b>State-wide</b> 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,845,929.50	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,516								26,521	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$20.58	\$25.93		\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26 (FRV)	\$0.00
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alwnc %	\$21.84	\$10.38	\$0.00	\$3.78	\$4.24	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.95	\$66.87	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0654								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.32	\$71.24	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$178.46	\$75.69	\$0.00	\$24.58	\$27.33	\$0.00	\$39.63	\$0.97	\$10.26	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$121.02									

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

**FINAL**

Provider: <b>Warner Robins Rehab &amp; Nursing Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141303A</b>			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5459				1.5459	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 23.5%		23.5%	1.0%	Quarterly Medicaid CMI: 1.4820				1.4820	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 2.88		2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5078				1.5078	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,541,365.15	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlms	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days	As Filed Days = 43,304										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,637										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72	\$3.33	\$13.36	\$1.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12		<u>1.5459</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56		\$20.56	\$3.33	8.28	\$1.43
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.30	\$8.30	\$0.00	\$2.81	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.98	\$53.50	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qlrr End		<u>1.5078</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$158.15	\$80.67	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.49	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.64</b>	<b>\$84.43</b>	<b>\$0.00</b>	<b>\$18.35</b>	<b>\$22.38</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$3.33</b>	<b>\$8.28</b>	<b>\$1.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.91</b>									

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

**FINAL**

Provider: <b>Warrenton Health and Rehabilitation Center</b> Prvdr ID: <b>00142645A</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Growth Allowance: <b>N/A</b> Qtrly BIMS score <b>33.3%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.05</b>		<b>N/A</b> <b>33.3%</b> <b>3.05</b>	<b>18.37%</b> <b>2.5%</b> <b>3.0%</b>	Base Period Overall CMI: <b>1.3956</b> Quarterly Medicaid CMI: <b>1.5111</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5405</b>			<b>1.3956</b> <b>1.5111</b> <b>1.5405</b>	<b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244.06	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11.63	\$1.17
	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3956</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.69	\$9.90	\$0.00	\$2.76	\$3.75	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$63.77	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5405</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$171.00	\$98.24	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.04</b>	<b>\$104.18</b>	<b>\$0.00</b>	<b>\$17.99</b>	<b>\$24.58</b>	<b>\$0.00</b>	<b>\$38.59</b>	<b>\$0.58</b>	<b>\$7.95</b>	<b>\$1.17</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.46</b>									

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

**FINAL**

Provider: Washington County ECF		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143481A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2193				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.25		Qtrly BIMS score 34.7%	2.5%	Quarterly Medicaid CMI: 1.1240				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1413				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,156.54	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2193								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68	\$1.17	\$5.51	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87 (FRV)	\$0.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.69	\$11.99	\$0.00	\$4.68	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$77.26	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.29	\$88.18	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$5.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.99	\$93.56	\$0.00	\$30.37	\$27.33	\$0.00	\$41.44	\$1.17	\$9.87	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.17									

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

**FINAL**

Provider: <b>Waycross Health &amp; Rehabilitation Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143459A</b>			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2974	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score		26.9%	1.0%	Quarterly Medicaid CMI:			1.4804	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5058	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,599.55	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7.87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2974</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	\$7.87	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66	\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	7.45 (FRV)	\$0.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.36	\$0.00	\$2.90	\$2.80	\$0.00	\$3.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82	\$60.30	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5058</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.32	\$90.80	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.58</b>	<b>\$94.96</b>	<b>\$0.00</b>	<b>\$18.92</b>	<b>\$18.47</b>	<b>\$0.00</b>	<b>\$37.45</b>	<b>\$3.61</b>	<b>\$7.45</b>	<b>\$0.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.36</b>									

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

**FINAL**

<div> <div> Provider: <b>WellStar Paulding Nursing Center</b>  Prvdr ID: <b>00142359A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 47.4%  Nurse Hours per On-Site Day/Quality Incentive: 4.22 </div> <div> Facility Score: N/A  Add-on Percent: 18.37%  5.5%  4.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0621  Quarterly Medicaid CMI: 1.0142  Qtrly Mcaid CMI w RUG Wght Options: 1.0234 </div> <div> Facility Specific: 1.0621  1.0142  1.0234 </div> <div> State-wide: 1.3617  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> 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	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913.00	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	\$2,188,701	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	\$0
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,718 As Filed Days = 61,473	63,718							61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.0621</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.88	8.43 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.13	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0234</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.11	\$86.63	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.76	\$4.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.23	\$8.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.34</b>	<b>\$94.86</b>	<b>\$0.00</b>	<b>\$34.50</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$24.34</b>	<b>\$2.88</b>	<b>\$8.43</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.26</b>									

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

**FINAL**

Provider: <b>Westbury H &amp; R - Conyers, Inc</b> Prvdr ID: <b>00143503A</b> Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>												
				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2886	1.3617
				Qtrly BIMS score		41.9%	2.5%	Quarterly Medicaid CMI:			1.4099	1.5138
				Nurse Hours per On-Site Day/Quality Incentive:		3.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4370	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204.00	\$4,760,679	\$0	\$991,199	\$601,647	\$631,055	\$1,039,305	\$143,697	\$579,622	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$226,908)	(\$33,805)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2886</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.25	\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	9.90 (FRV)	\$1.45
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.30	\$12.13	\$0.00	\$3.28	\$4.04	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.55	\$78.15	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4370</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.70	\$112.30	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.51</b>	<b>\$119.01</b>	<b>\$0.00</b>	<b>\$21.35</b>	<b>\$26.46</b>	<b>\$0.00</b>	<b>\$35.82</b>	<b>\$2.52</b>	<b>\$9.90</b>	<b>\$1.45</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.56</b>									

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

**FINAL**

Provider: <b>Westbury H &amp; R-McDonough, Inc</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143525A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>18.37%</b>	Base Period Overall CMI: <b>1.2827</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.83</b>		Qltry BIMS score <b>42.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3593</b>				<b>1.5138</b>		
					<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.3851</b>				<b>1.5405</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469.00	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298		
9	Net Per Diems prior to Case Mix Adjslmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20.44	\$22.19	(with L&H)	\$14.03	\$2.45	\$11.55	\$1.36
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2827								
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
11	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0.00	\$18.41	\$22.19		\$14.03	\$2.45	9.42	\$1.36
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.93	\$11.89	\$0.00	\$3.38	\$4.08	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.53	\$76.63	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3851								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.04	\$106.14	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.24	\$6.36	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$208.28	\$112.50	\$0.00	\$21.79	\$26.68	\$0.00	\$34.08	\$2.45	\$9.42	\$1.36
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$143.39									



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

**FINAL**

Provider: <b>Westbury Medical Care Home, Inc.</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143514A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.1885	1.3617	
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score		48.0%	5.5%	Quarterly Medicaid CMI:				1.5032	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5326	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,695,334.00	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)		(\$97,556)	\$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1885								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3.37	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	10.79 (FRV)	\$1.33
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.47	\$10.75	\$0.00	\$2.69	\$3.10	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.67	\$69.28	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5326								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.57	\$106.18	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.84	\$5.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.66	\$9.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$204.23	\$115.74	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.35									

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

**FINAL**

<div> <div> Provider: <b>Westminster Commons</b>  Prvdr ID: <b>00140082A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 41.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3564  Quarterly Medicaid CMI: 1.3707  Qtrly Mcaid CMI w RUG Wght Options: 1.3933 </div> <div> Facility Specific  1.3564  1.3707  1.3933 </div> <div> State-wide  1.3699  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81 (FRV)	\$2.43
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		1.3933								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.98	\$96.08	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.92	\$1.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$201.56	\$100.93	\$0.00	\$16.53	\$24.69	\$0.00	\$44.87	\$4.30	\$7.81	\$2.43
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$138.35									

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

**FINAL**

Provider: <b>Westview Nursing &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143536A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3807	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qtrly BIMS score		24.2%	1.0%	Quarterly Medicaid CMI:			1.8806	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9175	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%				50.0%	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%				105.0%	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41				\$0.37	
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367.00	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,760							26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3807</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14 (FRV)	\$1.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.63	\$8.63	\$0.00	\$2.48	\$3.06	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.02	\$55.60	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.9175</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.03	\$106.61	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.93</b>	<b>\$111.41</b>	<b>\$0.00</b>	<b>\$16.19</b>	<b>\$20.13</b>	<b>\$0.00</b>	<b>\$39.74</b>	<b>\$3.12</b>	<b>\$11.14</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.37</b>									

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

**FINAL**

Provider: <b>Westwood (University Extended Care)</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00219359A</b>			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3761	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score		42.9%	2.5%	Quarterly Medicaid CMI:				1.4301	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4537	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037.13	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 51,167 As Filed Days = 50,751	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	51,167						50,751		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.49	\$13.03	\$0.00	\$2.99	\$3.32	\$0.00	\$3.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.88	\$83.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4537								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.97	\$122.04	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stand - 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	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.22</b>	<b>\$129.19</b>	<b>\$0.00</b>	<b>\$19.46</b>	<b>\$21.78</b>	<b>\$0.00</b>	<b>\$37.77</b>	<b>\$3.61</b>	<b>\$16.41</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.34</b>									

**FINAL**

Reimbursement Services - DCH/DEM

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

**FINAL**

Provider: <b>Wildwood Health Care, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143547A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3013	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.4%	2.5%	Quarterly Medicaid CMI:				1.5858	1.5138
					3.86	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6155	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487.43	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days									15,434	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.20	\$10.18	\$0.00	\$3.37	\$3.96	\$0.00	\$3.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$65.61	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6155								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$187.63	\$105.99	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.36	\$0.00	\$0.04	\$0.41	\$0.00	\$17.44	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.88	\$112.35	\$0.00	\$21.77	\$25.92	\$0.00	\$41.23	\$0.58	\$9.23	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.09									

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

**FINAL**

Provider: <b>William Breman Jewish Home</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040752A</b>			Growth Allowance: N/A			57.6%	18.37%	Base Period Overall CMI: 1.4004			1.4004	1.3617
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Qtrly BIMS score: 57.6%			5.5%	5.5%	Quarterly Medicaid CMI: 1.7055			1.7055	1.5138
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 5.52			4.0%	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7364			1.7364	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,554,994.00	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$146,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)		(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394	\$0	\$1,472,041	\$624,620	\$494,569	\$1,477,657	\$144,781	\$530,827	\$37,330
8	Total Nursing Facility Days As Filed Days = 33,439 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,439							33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$281.33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15.87	\$1.12
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4004</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grnwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7364</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.69	\$146.99	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.08	\$8.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.06	\$13.96	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$284.75</b>	<b>\$160.95</b>	<b>\$0.00</b>	<b>\$21.79</b>	<b>\$27.33</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$4.31</b>	<b>\$27.81</b>	<b>\$1.12</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$200.74</b>									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Willowood Nursing Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: <b>00271829A</b>				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1879	1.3617	
H/B ? : No				BIMS		46.8%	5.5%	Quarterly Medicaid CMI:			1.7382	1.5138	
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.09	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7719	1.5405	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>													
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
<b>Cost Center Peer Groups per Selected Options</b>													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
<b>Base Period Per Diem Allowed Amounts</b>													
Net Historical Cost <b>2010</b>													
Inflation (July 2012) @ 2.06%													
Patient Days													
Total Nursing Facility Days GL-PL Ins. Rpt													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>													
Growth Allowance 18.37%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
<b>Quarterly Per Diem Add-On Amounts</b>													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
<b>Quarterly Case Mix Based Per Diem Rate</b>													
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>													



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

**FINAL**

Provider: <b>Windemere Health &amp; Rehab</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00241678A</b>		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.5761	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Qltry BIMS score: 44.1%		44.1%	2.5%	Quarterly Medicaid CMI:				1.6739	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.78		3.78	2.0%	Qltry Mcaid CMI w RUG Wght Options:				1.7047	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,691,497.00	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515									
	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 Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51		\$25.38	\$0.10	\$5.39	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56	\$0.10	9.32	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.00	\$9.33	\$0.00	\$2.78	\$2.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.68	\$60.13	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7047								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.05	\$102.50	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.92	\$107.64	\$0.00	\$18.15	\$14.03	\$0.00	\$41.44	\$0.10	\$9.32	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.12									

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

**FINAL**

Provider: <b>Winder Nursing, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142854A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3615	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score	27.6%	1.0%	Quarterly Medicaid CMI:				1.5801	1.5138
					3.21	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.6082	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,471,546.00	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0.00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3615								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	\$9.68	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16 (FRV)	\$0.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$10.09	\$0.00	\$2.82	\$3.06	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$65.02	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$177.97	\$104.57	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.79	\$109.29	\$0.00	\$18.41	\$20.15	\$0.00	\$38.89	\$2.52	\$11.16	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.77									

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

**FINAL**

Provider: <b>Winthrop Manor Nursing Center</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143118A</b>			Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3379			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			Qltry BIMS score 27.9%			1.0%	Quarterly Medicaid CMI: 1.4508			1.5138		
			Nurse Hours per On-Site Day/Quality Incentive: 3.52			3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4760			1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,202,363.87	\$2,864,962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,426)	\$0	\$0	\$0	\$227	\$0	(\$24,653)		(\$33,959)	\$33,959
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
8	Total Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								33,215		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14.83	\$18.49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	\$10.53	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	10.26 (FRV)	\$0.96
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.52	\$11.12	\$0.00	\$2.72	\$3.40	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.34	\$71.65	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4760								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$180.45	\$105.76	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$203.31	\$110.52	\$0.00	\$17.77	\$22.30	\$0.00	\$38.63	\$2.87	\$10.26	\$0.96
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.66									

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

**FINAL**

Provider: <b>Wood Dale Health Care Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143591A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2524				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.50		Qltry BIMS score 41.9%	2.5%	Quarterly Medicaid CMI: 1.2245				1.5138		
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.2426				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033.00	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)		(\$683)	\$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	\$2,417,583	\$0	\$470,330	\$287,471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
8	Total Nursing Facility Days As Filed Days = 29,208	FY12 Audited C/R Days	29,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10.43	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	9.64 (FRV)	\$0.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.38	\$12.14	\$0.00	\$2.96	\$3.40	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$78.23	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2426								
18	Qrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$166.75	\$97.21	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.73	\$103.09	\$0.00	\$19.28	\$22.33	\$0.00	\$36.03	\$0.28	\$9.64	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.22									

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

**FINAL**

Provider: <b>Woodlands Health &amp; Rehab Ctr.</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141985A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.1917	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score 34.0%	2.5%	Quarterly Medicaid CMI:				1.1025	1.5138	
				3.22	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.1193	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052.00	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,457
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days								41,847		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13.37	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.1917								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.1193								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$127.76	\$64.06	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.60	\$1.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$149.91</b>	<b>\$68.11</b>	<b>\$0.00</b>	<b>\$16.93</b>	<b>\$20.58</b>	<b>\$0.00</b>	<b>\$37.32</b>	<b>\$0.53</b>	<b>\$5.15</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$99.61</b>									

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

**FINAL**

<div> <div> Provider: <b>Woodstock Nursing and Rehab Center</b>  Prvdr ID: <b>00171212A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 38.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.70 </div> <div> Facility Score  Add-on Percent  18.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5030  Quarterly Medicaid CMI: 1.7897  Qtrly Mcaid CMI w RUG Wght Options: 1.8224 </div> <div> Facility Specific  1.5030  1.7897  1.8224 </div> <div> State-wide  1.4014  1.5138  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444	\$2,454,523	\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)		(\$358)	\$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$71.12	\$0.00	\$15.78	\$17.36		\$30.75	\$4.54	\$21.28	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.54	\$71.12	\$0.00	\$15.78	\$17.36		\$24.02	\$4.54	8.90 (FRV)	\$0.82
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.56	\$13.06	\$0.00	\$2.90	\$3.19	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.10	\$84.18	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8224								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$153.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$235.33	\$153.41	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.84	\$3.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$260.50	\$160.85	\$0.00	\$18.90	\$20.96	\$0.00	\$45.53	\$4.54	\$8.90	\$0.82
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$182.55									

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

**FINAL**

Provider: <b>Wrightsville Manor</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143602A</b>				N/A	18.37%	Base Period Overall CMI:				1.2201	1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>				Qltry BIMS score	2.5%	Quarterly Medicaid CMI:				1.6756	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>				Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.7078	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,150,140.00	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.50	\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	10.01 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.27	\$9.78	\$0.00	\$2.75	\$2.67	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.77	\$63.01	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7078								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.37	\$107.61	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
<b>Quarterly Per Diem Add-on Amounts</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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.92</b>	<b>\$114.06</b>	<b>\$0.00</b>	<b>\$17.92</b>	<b>\$17.59</b>	<b>\$0.00</b>	<b>\$30.81</b>	<b>\$3.75</b>	<b>\$10.01</b>	<b>\$0.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.37</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Wynfield Park Health &amp; Rehab</b> Prvdr ID: <b>00141512A</b> H/B ? : No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 31.4% Nurse Hours per On-Site Day/Quality Incentive: 3.81		Facility Score N/A 31.4% 3.81	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2181 Quarterly Medicaid CMI: 1.4149 Qtrly Mcaid CMI w RUG Wght Options: 1.4367			Facility Specific 1.2181 1.4149 1.4367	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
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			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
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			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 176,326		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								63,305		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.23
<u>Allowed @ 95% of Std</u>			\$153.75	\$67.93		\$17.49	\$21.94		\$19.53		\$25.63	\$1.23
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$179.85	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.79	\$25.63	\$1.23
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.4367</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$115.52								
Quarterly Medicaid CMA Allowed Per Diem			\$214.96	\$115.52		\$20.70	\$25.97		\$23.12	\$2.79	\$25.63	\$1.23
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% to Routine Srvcs)			\$2.89	\$2.89								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.31	\$2.31								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$22.30									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$237.26</b>	<b>\$120.72</b>		<b>\$20.70</b>	<b>\$25.97</b>		<b>\$40.22</b>	<b>\$2.79</b>	<b>\$25.63</b>	<b>\$1.23</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$165.12</b>										



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Zebulon Park Health &amp; Rehab</b> Prvdr ID: <b>003125041B</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 26.5% Nurse Hours per On-Site Day/Quality Incentive: 3.47		Facility Score Add-on Percent 18.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3199 Quarterly Medicaid CMI: 1.3419 Qtrtly Mcaid CMI w RUG Wght Options: 1.5405			Facility Specific Use Stwd 1.3199 1.3419	State-wide 1.3617 1.5138 1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	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			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	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			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 63,806		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.28
	<u>Allowed @ 95% of Std</u>		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.28
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$194.82	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.99	\$36.35	\$5.28
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3419</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$107.90								
	Quarterly Medicaid CMA Allowed Per Diem		\$222.31	\$107.90		\$20.70	\$25.97		\$23.12	\$2.99	\$36.35	\$5.28
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% o Routine Srvs)		\$1.08	\$1.08								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.24	\$3.24								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.42									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$243.73	\$112.22		\$20.70	\$25.97		\$40.22	\$2.99	\$36.35	\$5.28
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$169.97										