

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

FINAL

Provider: A.G. Rhodes Home - Cobb, Inc. Pvdr ID: 00493292A		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
							</					

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

FINAL

Provider: A.G. Rhodes Home at Wesley Woods, Inc.		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: 00040818A		Growth Allowance: Qtrly BIMS score				N/A	13.37%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:					1.4319	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020		Nurse Hours per On-Site Day/Quality Incentive:				49.4%	5.5%						1.6197	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20						4.01	3.0%						1.6509	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%							
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%							
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41							
5	Efficiency Measure Maximums (see line 20 for actual)													
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$10,715,572	\$5,648,350	\$0	\$865,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$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 CIR	\$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	FY12 Audited CIR Days	51,611											
9	Total Nursing Facility Days GL-PL Ins. Rpt	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	\$202.80	\$107.56	\$0.00	\$16.71	\$27.37	(with L&H)	\$41.65	48,690	\$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 Adjtd (CMA) Net Per Diem	Ln 9 / Ln 10	\$75.12	\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9			\$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	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92 (FRV)	\$0.26		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$17.63	\$9.56	\$0.00	\$2.23	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$81.07	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0.00	\$16.92	\$0.26		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6509											
18	Qtrly Routine Svcs Case Mix Adjtd (CMA) Net Per Diem	Ln 16 x Ln 17	\$133.84											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$219.45	\$133.84	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0.00	\$16.92	\$0.26		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (Sind - Awd) 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 CFS Add-on	\$7.36	\$7.36										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.02	\$4.02										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.70	\$11.38	\$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	\$248.15	\$145.22	\$0.00	\$19.16	\$26.18	\$0.00	\$40.41	\$0.00	\$0.00	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.29								\$16.92	\$0.26		

FINAL

NHRSP2_FYE2012-13 37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Abercorn Rehabilitation Center Pvdr ID: 00083025A										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: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: Qtrly BIMS score: 30.2% Nurse Hours per On-Site Day/Quality Incentive: 3.14			3.14	13.37%	Base Period Overall CMI: 1.5995 Quarterly Medicaid CMI: 1.4846 Qtrly Mcald CMI w RUG Wght Options: 1.5100				1.5995 1.4846 1.5100	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$0										
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%	\$101,378	\$157,147	\$0								
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	(\$395,753)	(\$63,055)	\$66,591								
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37	\$1,014,452	\$94,092	\$66,591								
5	Base Period Per Diem Allowed Amounts																			
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$5,595,788	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0								
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmnts	(\$395,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)											
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591								
9	Total Nursing Facility Days	FY12 Audited CIR Days	32,214																	
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)		30,185	\$2.92	\$2.07								
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	\$161.80	\$89.74	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36										
12	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	RS = Ln 11, AIDthr = Ln 9 per Peer Group Limits	\$56.11	\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07								
13	Net Per Diem after Case Mix Adjstid to Routine Svcs	Lesser of Ln 12 or Ln 13	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$2.07								
14	Per Diem Standards (after Statewide CMA for Routine Svcs)		\$56.11	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)									
15	Base Period Case Mix Adjusted Allowed Per Diem		\$123.82																	
16	Quarterly Per Diem Rate Prior to Add-ons																			
17	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$14.53	\$7.50	\$0.00	\$2.21	\$2.07	\$0.00	\$2.75	N/A	N/A	N/A								
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.35	\$63.61	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$2.07								
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151.00																	
20	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$96.05	\$96.05	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$2.07								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIDthr = Ln 16	\$170.79																	
22	Quarterly Per Diem Add-on Amounts																			
23	Efficiency Add-on Per Diem (SInd - Awdl) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00									
24	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40																
25	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.88	\$2.88																
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																	
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.33	\$101.86	\$0.00	\$18.95	\$17.98	\$0.00	\$40.41	\$3.36	\$9.70	\$2.07								
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.92																	

Quarterly Case Mix Per Diem Calculation

[illegible]

Provider: Altamaha Healthcare Ctr. Pvdr ID: 00140027A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: Qlty BIMS score 20.4% 2.75 Add-on Data and Percentages Facility Score Add-on Percent.													Case Mix Index (CMI) Data Base Period Overall CMI: 1.4937 Quarterly Medicaid CMI: 1.5330 Qltry Mcaid CMI w RUG Wght Options: 1.5595				Facility Specific	State-wide
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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			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	\$12,964	\$160,348	\$0						
2	Peer Group Standards & Efficiency Measure Limits																	
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%									
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%									
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37									
Base Period Per Diem Allowed Amounts																		
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$2,496,153	\$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 CIR Audit Adjmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459						
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	22,023															
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20						
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937														
12	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20						
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A							
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	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34 (FRV)	\$1.20						
Quarterly Per Diem Rate Prior to Add-ons																		
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$11.51	\$5.32	\$0.00	\$1.58	\$1.89	\$0.00	\$2.72	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.75	\$45.08	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20						
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.5595															
18	Qltry Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$70.30	\$70.30	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.97	\$70.30	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20						
Quarterly Per Diem Add-on Amounts																		
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max. or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.11	\$2.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.24	\$3.34	\$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	\$153.21	\$73.64	\$0.00	\$13.65	\$16.43	\$0.00	\$40.32	\$0.63	\$7.34	\$1.20						
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.08															

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

FINAL

Provider: Amara Healthcare & Rehab. Pvdr ID: 00140049A		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages		Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide
		7/1/2020 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Growth Allowance: Qtrly BIMS score		13.37% 1.0% 3.0%		Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:				1.1730 1.6043 1.6331		1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g	g	h	i				
CASE MIX BASED RATE CALCULATIONS																
1	Cost Center Peer Groups 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 CIR -FY 2018 GL-PL Rpt	\$4,847,054	\$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 CIR Audit Adjstms	(\$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 CIR	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY12 Audited CIR Days FY 18 GL-PL Ins Rpt Days	37,101													
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, AIOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41				
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A					
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10.66 (FRV)	\$0.41				
Quarterly Per Diem Rate Prior to Add-ons																
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.03	\$6.77	\$0.00	\$1.61	\$1.90		\$2.75	N/A	N/A	N/A				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.70	\$57.39	\$0.00	\$13.63	\$16.11		\$23.31	\$3.19	\$10.66	\$0.41				
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6331												
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.72												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$161.03	\$93.72	\$0.00	\$13.63	\$16.11		\$23.31	\$3.19	\$10.66	\$0.41				
Quarterly Per Diem Add-on Amounts																
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41		\$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 Slfng Add-on	\$2.81	\$2.81												
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$4.28	\$0.00	\$0.22	\$0.41		\$17.10	\$0.00	\$0.00	\$0.00				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.04	\$98.00	\$0.00	\$13.85	\$16.52		\$40.41	\$3.19	\$10.66	\$0.41				
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.46													

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

FINAL

Provider: Anderson Mill Health & Rehab														
Pvdr ID: 00140379A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Growth Allowance: Qtrly BIMS score		Routine Services			Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint			Admin General
			Totals	a		b	c					d	e	
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)			90.0%	90.0%	90.0%	85.0%	50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)			100.0%	100.0%	100.0%	100.0%	105.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)			\$0.53	\$0.00	\$0.22	\$0.41	\$0.37					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)												
Base Period Per Diem Allowed Amounts														
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913		
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913		
9	Total Nursing Facility Days	FY12 Audited CIR Days	50,357											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13		
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.4753											
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13		
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.13		
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.13		
Quarterly Per Diem Rate Prior to Add-ons														
17	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.66	\$7.07	\$0.00	\$1.78	\$2.06	\$0.00	\$2.75	N/A	N/A	N/A		
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$59.93	\$0.00	\$15.12	\$17.46	\$0.00	\$23.31	\$9.34	\$8.86	\$1.13		
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6636											
20	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$99.70	\$99.70	\$0.00	\$15.12	\$17.46	\$0.00	\$23.31	\$9.34	\$8.86	\$1.13		
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$174.92											
Quarterly Per Diem Add-on Amounts														
22	Efficiency Add-on Per Diem (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
24	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.99	\$1.99	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.25	\$3.52	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.17	\$103.22	\$0.00	\$15.34	\$17.87	\$0.00	\$40.41	\$9.34	\$8.86	\$1.13		
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.30											

Quarterly Case Mix Per Diem Calculation

[illegible]

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

FINAL

Provider: Applying Nursing and Rehab Pavilion														
Pvdr ID: 00140093A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Totals		Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b										c
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1	All Facilities All Bed Sizes	1	All Facilities All Bed Sizes	1	All Facilities All Bed Sizes	1	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	90.0%	85.0%	90.0%	50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	105.0%				
	Efficiency Measure Maximums (see line 20 for actual)			\$0.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$6,411,383	\$3,136,854	\$0	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$115,028)	\$0	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$6,296,355	\$3,136,854	\$0	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0	
8	Total Nursing Facility Days	FY12 Audited CIR Days	36,305											
	Total Nursing Facility Days GL-PL Ins. Rpt	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	\$173.36	\$86.40	\$0.00	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	36,711	\$9.69	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,0796										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$80.03	\$0.00	\$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	\$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	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FFRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage =	Ln 14 x Gwth Allownc %	\$18.85	\$9.56	\$0.00	\$0.00	\$3.49	\$3.09		\$2.71	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.66	\$91.07	\$0.00	\$0.00	\$29.60	\$26.18		\$23.01	\$5.94	\$28.86	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr Elid		1,0954										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.80										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$202.39	\$98.80	\$0.00	\$0.00	\$29.60	\$26.18		\$23.01	\$5.94	\$28.86	\$0.00	
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwed) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00		\$0.19		\$0.00		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$1.78	\$1.78										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.29	\$1.78	\$0.00	\$0.00	\$0.22	\$0.00		\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.68	\$90.58	\$0.00	\$0.00	\$29.82	\$26.18		\$40.30	\$5.94	\$28.86	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.44										\$0.00	

Quarterly Case Mix Per Diem Calculation

Provider: Archway Transitional Care Center												
Pvdr ID: 003185502A												
H/B ? No												
Case Mix Per Diem Rate Effective Date: 07/01/20												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 4.01												
Nurse Hours per On-Site Day/Quality Incentive: B												

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

FINAL

Provider: Arrowhead Healthcare Pvdr ID: 00143162A																		
Case Mix, Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive:																		
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide					
			Growth Allowance: Qtrly BIMS score					Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcdid CMI w RUG Wght Options:	Admin and General	Plant Operatns & Maint	Laundry & Houskprng			Dietary	Special Services	Routine Services	Totals	
			a	b	c	d	e	f	g	h	i							
CASE MIX BASED RATE CALCULATIONS																		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes									
2	Peer Group Standards & Efficiency Measure Limits																	
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	90.0%	85.0%	50.0%									
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%									
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.00	\$0.41	\$0.37									
Base Period Per Diem Allowed Amounts																		
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CTR -FY 2018 GL-PL Rpt	\$5,472,469	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$644,037	\$0							
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CTR Audit Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)	(\$105,114)	\$54,818							
8	Cost Center Costs After Audit Adjustments	FY12 Audited CTR	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$537,923	\$64,818							
9	Total Nursing Facility Days	FY12 Audited CTR Days	37,615															
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$18.72	\$14.30	\$1.72							
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42											
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1,4860	1,4860														
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$44.88	\$44.88	\$0.00	\$13.55	\$18.42											
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$13.55	\$13.55	\$0.00	\$13.55	\$18.42											
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.08											
16	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											
Quarterly Per Diem Rate Prior to Add-ons																		
17	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$12.77	\$6.00	\$0.00	\$1.81	\$2.46	\$0.00	\$2.50	N/A	N/A							
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.30	\$50.88	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$0.89							
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1,9745	1,9745														
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$100.46	\$100.46	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$0.89							
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.88	\$100.46	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$0.89							
Quarterly Per Diem Add-on Amounts																		
22	Efficiency Add-on Per Diem (Sind - 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	\$0.00							
23	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00							
24	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.01	\$2.01	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00							
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00							
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00							
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.05	\$108.53	\$0.00	\$15.58	\$21.29	\$0.00	\$38.69	\$0.89	\$0.89							
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.21															

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

FINAL

Provider: Autumn Breeze Health Care Ctr Pndr ID: 00140159A										Add-on Data and Percentages				Facility Score		Add-on		Case Mix Index (CMI) Data				Facility Specific		State-wide							
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: Qtrly BIMS score		Nurse Hours per On-Site Day/Quality Incentive: 3.23		Special Services		Dietary		Laundry & Houskprg		Plant Operatns & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance			
Description										Sources / Calculations		Totals		Routine Services		Special Services		Dietary		Laundry & Houskprg		Plant Operatns & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance	
Line #										a		b		c		d		e		f		g		h		i					
CASE MIX BASED RATE CALCULATIONS																															
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group										(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes	
2 Peer Group Standards & Efficiency Measure Limits										(see Policy Manual)		90.0%		90.0%		90.0%		85.0%		85.0%		50.0%		50.0%		50.0%		50.0%			
3 Peer Group Standards: Percentile										(see Policy Manual)		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%			
4 Efficiency Measure Maximums (see line 20 for actual)										(see Policy Manual)		\$0.53		\$0.00		\$0.22		\$0.41		\$0.37		\$0.37		\$0.37		\$0.37		\$0.37			
5 Base Period Per Diem Allowed Amounts										As Filed FY12 CIR - FY 2018 GL-PL Rpt		\$5,659,915		\$2,871,125		\$0		\$550,377		\$247,966		\$257,292		\$1,055,300		\$61,986		\$615,869			
6 Audit Adjustments and Reallocations to Cost Center Costs										FY12 CIR Audit Adjstms		(\$588,903)		(\$272,137)		\$0		(\$26,640)		\$609		\$4,521		(\$277,714)		(\$53,097)		(\$53,097)			
7 Cost Center Costs After Audit Adjustments										FY12 Audited CIR		\$5,071,012		\$2,598,988		\$0		\$523,737		\$248,575		\$261,813		\$777,586		\$81,986		\$562,772			
8 Total Nursing Facility Days										As Filed Days = 35,506		35,532																			
9 Net Per Diem prior to Case Mix Adjstmt to Routine Svcs										FY 18 GL-PL Ins Rpt Days		\$142.84		\$73.14		\$0.00		\$14.74		\$14.36		(with L&H)		\$21.88		\$1.88		\$15.84			
10 Base Period Facility Case Mix Index for All Residents										from 4 qtrs of FY12		1,2569																			
11 Routine Svcs Case Mix Adjst (CMA) Net Per Diem										Ln 9 / Ln 10		\$58.19																			
12 Net Per Diem after Case Mix Adjstmt to Routine Svcs										RS = Ln 11, ALOthr = Ln 9		\$58.19																			
13 Per Diem Standards (After Statewide CMA for Routine Svcs)										per Peer Group Limits		\$71.51																			
14 Base Period Case Mix Adjusted Allowed Per Diem										Lesser of Ln 12 or Ln 13		\$119.57		\$58.19																	
15 Quarterly Per Diem Rate Prior to Add-ons										Ln 14 x Growth Allownc %		\$14.42		\$7.78		\$0.00		\$1.97		\$1.92		\$0.00		\$2.75		N/A		N/A			
16 Growth Allowance Percentage = 13.37%										Ln 14 + Ln 15		\$133.99		\$65.97		\$0.00		\$16.71		\$16.28		\$0.00		\$23.31		\$1.88		\$8.84			
17 CMA Allowed Per Diem (After Growth Allowance Add-on)										per Current Qtr End		1,5818																			
18 Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem										Ln 16 x Ln 17		\$104.35		\$104.35																	
19 Quarterly Medicaid CMA Allowed Per Diem										RS = Ln 18, ALOthr = Ln 16		\$172.37		\$104.35		\$0.00		\$16.71		\$16.28		\$0.00		\$23.31		\$1.88		\$8.84			
20 Quarterly Per Diem Add-on Amounts										(see Policy Manual)		\$1.16		\$0.53		\$0.00		\$0.22		\$0.41		\$0.00		\$0.00				\$0.00			
21 Efficiency Add-on Per Diem ((Sind - Awdj) x .75, up to max, or 0)										Ln 18 Col b x CPE Add-on		\$1.04		\$1.04																	
22 BIMS Add-on Per Diem = 1.0% (to Routine Svcs)										Ln 18 Col b x Sling Add-on		\$3.13		\$3.13																	
23 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)										(Fixed Amount)		\$17.10		\$17.10																	
24 Nursing Home Provider Fee										Sum of Lns 20 thru 23		\$22.43		\$4.70		\$0.00		\$0.22		\$0.41		\$0.00		\$17.10		\$0.00		\$0.00			
25 Total Quarterly Per Diem Add-on Amounts										Ln 19 + Ln 24		\$194.80		\$109.05		\$0.00		\$16.93		\$16.69		\$0.00		\$40.41		\$1.88		\$8.84			
26 Quarterly Case Mix Based Per Diem Rate																															
26 Quarterly Per Diem Rate for Bed Hold and Leave Days										(Ln 25 - Ln 23) * 0.75		\$133.28																			

Quarterly Case Mix Per Diem Calculation

Provider: Autumn Lane Pvdr ID: 00082992A H/B ? : No		Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score	Add-on Percent	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qntrly Meaid CMI w RUG Wght Options:		Facility Specific	State-wide	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37	\$ 55,587 20,097		
	GL-PL - Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% x Routine Svcs Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$165.08 \$16.97 \$184.82 \$213.51 \$2.64 \$3.17 \$17.10 \$22.91 \$236.42	\$71.51 \$67.93 \$9.08 \$77.01 1,3726 \$105.71 \$105.71		\$18.41 \$17.49 \$2.34 \$19.83 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87 \$24.87		\$ 20.56 \$19.53 \$2.61 \$22.14 \$ 2.77 \$22.14 17.10	\$37.58 \$37.58 \$37.58 (FRV Rate) \$37.58	\$0.61 \$0.61 \$0.61 \$0.61	
	Quarterly Case Mix Based Per Diem Rate		\$111.52			\$19.83	\$24.87		\$39.24	\$2.77	\$37.58	\$0.61
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.49										

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

FINAL

Provider: Avalon Hlth. & Rehab Podr ID: 00142084A														
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Growth Allowance: Qtrly BIMS score			Score	Percent	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcald CMI w RUG Wght Options:	Admin and General	Plant Operatns & Maint	Laundry & Houskprg			Dietary
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)												
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)												
3	Peer Group Standards: Multiplier	(see Policy Manual)												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)												
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms												
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR												
8	Total Nursing Facility Days	FY12 Audited CIR Days												
	Total Nursing Facility Days GL-PL Ins. Rpt	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												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12												
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10												
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9												
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13												
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End												
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16												
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)												
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on												
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on												
23	Nursing Home Provider Fee	(Fixed Amount)												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75												

FINAL

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Azalea Trace Nursing Home Pvdr ID: 00141886A												
Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 35.7% Qtrly Meaid CMI w RUG Wght Options: 1.4459												
Add-on Data and Percentages												
Facility Score												
Add-on Percent												
Case Mix Index (CMI) Data												
Facility Specific												
State-wide												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operlans & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
5	Efficiency Measure Maximums (see line 20 for actual)											
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 CIR	\$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 CIR Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)		(\$6,444)	\$6,444
7	Cost Center Costs After Audit Adjustments	FY13 Audited CIR	\$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	FY13 Audited CIR Days	38,837									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,967										
9	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$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	Ln 7 / Ln 8 Col a from 4 qtrs of FY10	1.2980	\$75.38	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	\$5.41	\$0.17
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.38	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	\$5.41	\$0.17
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9 per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	\$0.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
14	Base Period Case Mix Adjusted Allowed Per Diem											
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Gwth Allownc %	\$16.74	\$9.88	\$0.00	\$2.20	\$2.22	\$0.00	\$2.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.78	\$83.78	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4459								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.14	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$192.14	\$121.14	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Awd) 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	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$5.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.69	\$126.59	\$0.00	\$18.86	\$19.21	\$0.00	\$38.17	\$2.42	\$10.27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.94									

Quarterly Case Mix Per Diem Calculation

Provider: AzaleaLand Nursing Home		Add-on Data and Percentages				Facility		Add-on		Case Mix Index (CMI) Data				Facility Specific		State-wide
Pvdr ID: 00141237A		Growth Allowance:				Score		Percent		Base Period Overall CMI:				Specific		wide
H/B ?; No		BIMS:				N/A		13.37%		Quarterly Medicaid CMI:				1.4999		1.3617
Case Mix Per Diem Rate Effective Date: 07/01/20		Nurse Hours per On-Site Day/Quality Incentive:				39.5%		2.5%		Qtrly Meaid CMI w RUG Wght Options:				1.5208		1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		3.21				3.0%						1.5508		1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpgng	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													1	1		
Bed Size Range within Peer Group													All Facilities	All Facilities		
Peer Group Standards & Efficiency Measure Limits													All Bed Sizes	All Bed Sizes		
Peer Group Standards: Percentile													90.0%	90.0%		
Peer Group Standards: Multiplier													100.0%	100.0%		
Efficiency Measures (Maximums)													\$0.53	\$0.37		
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs																
Total Nursing Facility Days GL-PL Ins. Rpt																
Standard Per Diem (After CMA for Routine Svcs)																
Allowed @ 95% of Std													\$71.51	\$20.56		
Growth Allowance													\$67.93	\$19.53		
CMA Allowed Per Diem (After Growth Allowance)													\$9.08	\$2.61		
Quarterly Facility Case Mix Index for Medicaid Residents													\$77.01	\$22.14		
Only Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													1,5508			
Quarterly Medicaid CMA Allowed Per Diem													\$119.43			
Quarterly Per Diem Add-On Amounts													\$119.43			
BIMS Add-on Per Diem = 2.5% o Routine Svcs)																
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													\$2.99			
Nursing Home Provider Fee													\$3.58			
Total Quarterly Per Diem Add-On Amounts													\$17.10			
Quarterly Case Mix Based Per Diem Rate													\$23.67			
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													\$230.24			
													\$159.86			
													\$17.77			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
													\$17.05			
</																

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

FINAL

Provider: Bainbridge Health Care		Add-on Data and Percentages		Facility	Add-on	Case Mix Index (CMI) Data				Facility	State-	
Pvdr ID: 00258915A		Growth Allowance: Qlty BIMS score		Score	Percent	Base Period Overall CMI: Quarterly Medicaid CMI: Qltry Mcdid CMI w RUG Wght Options:				Specific	wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020		Nurse Hours per On-Site Day/Quality Incentive:										
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housng	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
5	Efficiency Measure Maximums (see line 20 for actual)											
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$3,632,143	\$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 CIR Audit Adjstms	(\$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 CIR	\$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	FY12 Audited CIR Days	32,126									
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$14.82	24,797	\$12.80	\$0.60
10	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96					
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2138									
12	Routine Svcs Case Mix Adjstcd (CMA) Net Per Diem	Ln 9 / Ln 10	\$42.87	\$42.87	\$0.00	\$11.60	\$14.96			\$1.08	\$12.80	\$0.60
13	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96			\$0.00	N/A	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09			\$0.00		
15	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			\$1.08	7.67 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$11.26	\$5.73	\$0.00	\$1.55	\$2.00	\$0.00	\$1.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.86	\$48.60	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.8702									
18	Qltry Routine Svcs Case Mix Adjstcd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.89	\$0.00	\$13.15	\$16.96					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.15	\$90.89	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Sind - Awdl x .75, up to max, or 0)	(see 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 CFS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.82	\$1.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$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	\$169.87	\$95.51	\$0.00	\$13.37	\$17.37	\$0.00	\$34.27	\$1.08	\$7.67	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.58									

26	Quarterly Per Diem Rate for Bed Hold and Leave Days	$(Ln 25 \cdot Ln 23) \cdot 0.75$	\$155.60
----	---	----------------------------------	----------

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

FINAL

Provider: Bayview Nursing Home														
Pvdr ID: 00624951A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: Qlty BIMS score 52.2% 3.98														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.3617														
Quarterly Medicaid CMI: 1.5101														
Qlty Meaid CMI w RUG Wght Options: 1.5388														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$3,141,476	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,988	\$50,140	\$336,428	\$0		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833		
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833		
9	Total Nursing Facility Days	FY12 Audited CIR Days	20,789											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16		
11	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.44											
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.3673											
13	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10	\$56.24											
14	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, A/Othr = Ln 9	\$56.24											
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51											
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$56.24											
17	Quarterly Per Diem Rate Prior to Add-ons		\$128.24											
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$14.74	\$7.52	\$0.00	\$2.31	\$2.69	\$0.00	\$2.22	N/A	N/A	N/A		
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.98	\$63.76	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$2.16		
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current CIR Eind	1.5388											
21	Qlty Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$98.11											
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, A/Othr = Ln 16	\$177.33	\$98.11	\$0.00	\$19.59	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$2.16		
23	Quarterly Per Diem Add-on Amounts													
24	Efficiency Add-on Per Diem ((Snd - Aweej x .75, up to max. of 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
25	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$5.40	\$5.40										
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.94	\$2.94										
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.97	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.30	\$106.98	\$0.00	\$19.80	\$23.22	\$0.00	\$36.30	\$2.29	\$13.55	\$2.16		
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.40											

FINAL

NHRSP2_FYE2013-13.37%a7.1.2020-KJD (with adjs)-GL-PL (AUDITED) 7/6/2020

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services			Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General		
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%						
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41						
	Efficiency Measure Maximums (see line 20 for actual)												
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$5,378,143	\$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 CIR Audit Adjustmts	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	37,394										
	As Filed Days = 37,394												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96	
9	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80						
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3657									
11	Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56									
12	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AIOthr = 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	\$123.03	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	11.95 (FRV)	\$0.96	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage =	Ln 14 x Gwth Allownc %	\$14.14	\$6.89	\$0.00	\$2.34	\$2.25	\$0.00	\$2.66	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.17	\$58.45	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$11.95	\$0.96	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,5497									
18	Qtrly Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$169.30	\$90.58	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$11.95	\$0.96	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.26	\$2.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sfrg Add-on	\$2.72	\$2.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.91	\$96.09	\$0.00	\$20.07	\$19.46	\$0.00	\$40.04	\$4.34	\$11.95	\$0.96	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.86										

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

FINAL

Provider: Blue Ridge Healthcare of Buchanan		Case Mix Per Diem Rate Effective Date: 7/1/2020		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: 00142722A		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.5%	13.37%	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.2328	1.3617
						2.12	1.0%	1.0%				1.4021	1.4961
												1.4274	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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				
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Efficiency Measure Maximums (see line 20 for actual)												
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - FY 2018 GL-PL Rpt	\$2,714,012	\$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 CR Audit Adjustmts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,766	\$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	FY12 Audited C/R Days	19,686										
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	18,724	\$5.52	\$0.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2328						\$4.05			
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87									
12	Net Per Diems after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AIOthr = 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 Units		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwthr Allownc %	\$14.19	\$7.47	\$0.00	\$1.88	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.51	\$63.34	\$0.00	\$15.95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,4274									
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41	\$0.00	\$15.95	\$17.71		\$23.31	\$4.05		\$0.89	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$162.58	\$90.41	\$0.00	\$15.95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Blind - Awdl x .75, up to max, or 0)	(see 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	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$0.90	\$0.90	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.06	\$2.33	\$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	\$182.64	\$92.74	\$0.00	\$16.17	\$18.12	\$0.00	\$40.41	\$4.05	\$10.26	\$0.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.16										

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/3/2020

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

FINAL

Provider: Bonterra Nursing Center Pndr ID: 00140357A										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: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score: 26.3%	Qtrly Micald CMI w RUG Wght Options: 2.0%	Base Period Overall CMI: 13.37%	Quarterly Medicaid CMI: 1.0%	Qtrly Micald CMI w RUG Wght Options: 2.0%	1,3678	1,3525	1,4961	1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatins & Maint	Admin and General	A&G- GL-PL and Insurance	Property and 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	\$151,678	\$1,169,029	\$0										
2	Peer Group Standards & Efficiency Measure Limits																					
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
6	Base Period Per Diem Allowed Amounts																					
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$5,749,521	\$2,873,258	\$0	\$549,737	\$297,922	\$393,371	\$1,324,526	\$151,678	\$1,169,029	\$0										
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmtns	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488										
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488										
10	Total Nursing Facility Days	FY12 Audited CIR Days	38,644																			
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	38,641	\$28.92	\$2.19										
12	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a																				
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3678																		
14	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19										
15	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A											
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26	\$2.19										
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00						(fRUG)											
18	Quarterly Per Diem Rate Prior to Add-ons																					
19	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.20	\$6.47	\$0.00	\$1.83	\$2.15	\$0.00	\$2.75	N/A	N/A											
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.32	\$54.85	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19										
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,3745																		
22	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.41	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19										
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.87	\$75.41	\$0.00																	
24	Quarterly Per Diem Add-on Amounts																					
25	Efficiency Add-on Per Diem (ISnd - Awdj x .75, up to max. of 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
26	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$0.75	\$0.75																		
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.51	\$1.51																		
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																			
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.39	\$78.20	\$0.00	\$15.77	\$18.63	\$0.00	\$40.41	\$3.93	\$9.26	\$2.19										
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.47																			

[illegible]

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

FINAL

Provider: Brentwood Health & Rehab															State- wide
Prvdr ID: 00140071A															
Case Mix Per Diem Rate Effective Date: 7/1/2020															
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20															
Nurse Hours per On-Site Day/Quality Incentive: 3.34															
Growth Allowance: 13.37%															
Qtrly BIMs score 33.8%															
Qtrly Meaid CMI w RUG Wght Options: 3.0%															
Base Period Overall CMI: 1.3617															
Quarterly Medicaid CMI: 1.3875															
Qtrly Meaid CMI w RUG Wght Options: 1.4098															
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekprg	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			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits														
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
6	Base Period Per Diem Allowed Amounts														
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0			
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342			
9	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			
10	Total Nursing Facility Days	FY12 Audited C/R Days	35,080												
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$15.94	33,533	\$11.72	\$0.75			
12	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94			\$2.94					
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	1.3764	\$51.75											
14	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, ALOthr = Ln 9 per Peer Group Limits	\$51.75	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75			
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs	Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
16	Per Diem Standards (After Statewide CMA for Routine Svcs)		\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75			
17	Base Period Case Mix Adjusted Allowed Per Diem														
18	Quarterly Per Diem Rate Prior to Add-ons														
19	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$12.81	\$6.92	\$0.00	\$1.76	\$2.00	\$0.00	\$2.13	N/A	N/A	N/A			
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.84	\$58.67	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75			
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4098												
22	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.71	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75			
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$145.88	\$82.71	\$0.00	\$14.91	\$16.94	\$0.00							
24	Quarterly Per Diem Add-on Amounts														
25	Efficiency Add-on Per Diem ((Sind - Alwef) x .75, up to max. of .0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
26	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$2.07	\$2.07											
27	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$2.48	\$2.48											
28	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
29	Total Quarterly Per Diem Add-on Amounts		\$23.18						\$17.47	\$0.00					
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.06	\$87.79	\$0.00	\$15.13	\$17.35	\$0.00	\$35.54	\$2.94	\$9.56	\$0.75			
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.97												

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

FINAL

Provider: Brian Center of Canton Pvdr ID: 00140643A		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages		Facility Score		Add-on		Case Mix Index (CMI) Data		Facility Specific		State-wide	
				Growth Allowance: Qltry BIMS score: Nurse Hours per On-Site Day/Quality Incentive:		N/A 26.8% 3.46		Percent 13.37% 1.0% 3.0%		Base Period Overall CMI: Quarterly Medicaid CMI: Qnltry Meaid CMI w RUG Wght Options:					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekng	Plant Operatins & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits														
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
6	Base Period Per Diem Allowed Amounts														
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$5,470,098	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,094,058	\$8,255	\$706,263	\$0			
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms	(\$58,995)		\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980			
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980			
10	Total Nursing Facility Days	FY12 Audited CIR Days	34,595												
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24			
12	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qlrs of FY12 Ln 9 / Ln 10	1.3878	\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24			
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9 per Peer Group Limits	\$55.74	\$55.74	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.24			
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	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			
15	Quarterly Per Diem Rate Prior to Add-ons														
16	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$14.12	\$7.45	\$0.00	\$1.87	\$2.05	\$0.00	\$2.75	N/A	N/A	N/A			
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.63	\$63.19	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24			
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6419												
19	Qltry Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.75	\$103.75	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24			
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$174.19												
21	Quarterly Per Diem Add-on Amounts														
22	Efficiency Add-on Per Diem (Snd - Alwld x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00			
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x OPS Add-on	\$1.04	\$1.04											
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$3.11	\$3.11											
25	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	\$4.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
26	Total Quarterly Per Diem Add-on Amounts		\$22.41						\$17.10	\$0.00	\$0.00	\$0.00			
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.60	\$108.43	\$0.00	\$16.10	\$17.78	\$0.00	\$40.41	\$0.25	\$12.39	\$1.24			
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.63												

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

FINAL

Provider: Briarwood Health & Rehab Center Pvdr ID: 00706813A		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages:		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specifics	State-wide
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
Line #				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	1	2	1	1	1			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)			90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)			100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)			\$0.53	\$0.00	\$0.22	\$0.41					
5	Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt		\$5,597,355	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts		(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR		\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
9	Total Nursing Facility Days	FY12 Audited CIR Days		34,672									
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days							(with L&H)	\$25,71	34,336		\$2,55
11	Net Per Diem prior to Case Mix Adjust to Routine Svcs	Ln 7 / Ln 8 Col a		\$160.45	\$97.07	\$0.00	\$15.39	\$12.92			\$0.13	\$6.68	
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12			1.6087								
13	Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34	\$60.34	\$0.00	\$15.39	\$12.92			\$0.13	\$6.68	
14	Net Per Diem after Case Mix Adjust to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$60.34	\$60.34	\$0.00	\$15.39	\$12.92			\$0.13	\$6.68	
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$71.51	\$0.00	\$18.41	\$23.09			\$0.13	N/A	
16	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			\$0.13	10.91 (FRV)	\$2,55
17	Quarterly Per Diem Rate Prior to Add-ons												
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %		\$14.61	\$8.07	\$0.00	\$2.06	\$1.73	\$0.00	\$2.75	N/A	N/A	N/A
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15		\$137.41	\$68.41	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2,55
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current CIR End			1.6005								
21	Qtrly Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.49	\$109.49	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2,55
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16		\$178.49	\$109.49	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2,55
23	Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem (fSnd - Awdl x .75, up to max. of 0)	(see Policy Manual)		\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on		\$2.74	\$2.74	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
26	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on		\$2.19	\$2.19	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
27	Nursing Home Provider Fee	(Fixed Amount)		\$17.10	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$23.19	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$201.68	\$114.95	\$0.00	\$17.67	\$15.06	\$0.00	\$40.41	\$0.13	\$10.91	\$2,55
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$138.44									

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

FINAL

Provider: Brightmoor Health Care, Inc.												
Pvdr ID: 00140412A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Add-on Data and Percentages:			Facility Score		Add-on Percent		Case Mix Index (CMI) Data	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:			Growth Allowance: Qtrly BIMS score		Base Period Overall CMI: Quarterly Medicaid CMI:		Qtrly Meaid CMI w RUG Wght Options:	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6	Base Period Per Diem Allowed Amounts											
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$8,813,583	\$4,505,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$954,511	\$0
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmis	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
10	Total Nursing Facility Days	FY12 Audited CIR Days	47,752									
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$18.94	46,147	\$16.83	\$1.84
12	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53			\$2.05		
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636								
14	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
15	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
17	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
18	Quarterly Per Diem Rate Prior to Add-ons											
19	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.64	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.53	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.48	\$91.07	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5950								
22	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$220.72	\$129.31	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16		\$129.31	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
24	Quarterly Per Diem Add-on Amounts											
25	Efficiency Add-on Per Diem (Isnd - Awdl 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	
26	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
27	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.88	\$3.88	\$0.00	\$0.00	\$0.00	\$0.00	\$3.88		\$0.00	
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10		\$0.00	
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$5.17	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.36	\$134.48	\$0.00	\$20.87	\$26.18	\$0.00	\$38.94	\$2.05	\$19.00	\$1.84
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.70									

FINAL

NHRSP2_FYE2014-13.37%for7-1-2020-KJD (with adjs)12-31-14.GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Brown's Healthcare Pvdr ID: 00140434A		Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Add-on Data and Percentages		Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide						
Line #	Description	Sources / Calculations	Totals		Routine Services		Special Services		Dietary		Laundry & Housekeeping		Plant Operations & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i										
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups 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	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)																				
6	Base Period Per Diem Allowed Amounts																					
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$2,690,414	\$1,268,340	\$0	\$270,446	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjlimits	\$63,322	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$2,753,736	\$1,268,340	\$0	\$270,446	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
10	Total Nursing Facility Days	FY12 Audited CIR Days	22,287																			
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																				
12	Net Per Diem prior to Case Mix Adjst to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1,4535	1,4535																		
14	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$39.15	\$39.15	\$0.00	\$12.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
15	Net Per Diem after Case Mix Adjst to Routine Svcs	RS = Ln 11, AllOthr = Ln 9			\$0.00	\$12.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18	Quarterly Per Diem Rate Prior to Add-ons																					
19	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$11.58	\$5.23	\$0.00	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.74	\$44.38	\$0.00	\$13.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,5418																		
22	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.43																		
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.79	\$68.43	\$0.00	\$13.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24	Quarterly Per Diem Add-on Amounts																					
25	Efficiency Add-on Per Diem (Snd - Awd) x .75, up to max. of 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$0.00	\$0.00																		
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37																		
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$1.37																		
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.63	\$1.90	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$154.42	\$70.33	\$0.00	\$13.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 29) * 0.75	\$102.99																			

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

FINAL

Provider: Bryan County Health & Rehab Ctr													
Pvdr ID: 00715569A		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
		7/1/2020 03/31/20		Growth Allowance: Qtrly BIMS score			N/A	13.37% 5.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcald CMI w RUG Wght Options:			1.3338 1.6968 1.7304	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)											
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$4,768,621	\$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 CIR Audit Adjustmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	35,129										
8	Total Nursing Facility Days GL-PL Ins. Rpt	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	\$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 Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30									
12	Net Per Diems after Case Mix Adjstld to Routine Svcs	RS = Ln 11, ALOHr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.51	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13.03 (FRV)	\$1.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$14.04	\$7.26	\$0.00	\$2.46	\$2.52	\$0.00	\$1.80	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$61.56	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7304									
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOHr = Ln 16	\$182.35	\$106.52	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Sind - Allow x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.86	\$5.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling 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	\$26.40	\$8.52	\$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	\$208.75	\$115.04	\$0.00	\$20.87	\$21.79	\$0.00	\$32.75	\$3.76	\$13.03	\$1.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.74										

NHRSP2_FYE2012-13.37%of7-1-2020.KJD-GL-PL (AUDITED) 7/5/2020

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods												
Pvdr ID: 003167547A												
H/B ? : No												
Case Mix Per Diem Rate Effective Date: 07/01/20												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive: BIMS: 28.9% 8.21												
Add-on Data and Percentages												
Growth Allowance: 13.37%												
Facility Score: N/A												
Add-on Percent: 13.37%												
Facility Specific Use Swld: 1.3617												
State-wide: 1.4961												
1.1926												
1.5223												
Case Mix Index (CMI) Data												
Base Period Overall CMI: 1.2093												
Quarterly Medicaid CMI: 1.2093												
Qtrly Meaid CMI w RUG Wght Options: 1.2093												
Line #	Description	Sources / Calculations	Totals	a	b	c	d	e	f	g	h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options											
	Type of Facility within Peer Group											
	Bed Size Range within Peer Group											
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile											
	Peer Group Standards: Multiplier											
	Efficiency Measures (Maximums)											
	Per Diem Costs and Add-ons											
	GL-PL Insurance Costs											
	Total Nursing Facility Days GL-PL Ins. Rpt											
	Standard Per Diem (After CMA for Routine Svcs)											
	Allowed @ 90% of Std											
	Growth Allowance											
	CMA Allowed Per Diem (After Growth Allowance)											
	Quarterly Facility Case Mix Index for Medicaid Residents											
	Qtrly Routine Svcs Case Mix Adjust (CMA) Net Per Diem											
	Quarterly Medicaid CMA Allowed Per Diem											
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem =											
	Nurse Staff Hrs / Quality Add-on Per Diem =											
	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%											