

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Park Place Nursing Facility Prvdr ID: 00002164A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 38.71% Nurse Hours per On-Site Day/Quality Incentive: 3.28		<u>Facility Score</u> N/A 3.28	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3883 Quarterly Medicaid CMI: 1.4020 Qtrly Mcaid CMI w RUG Wght Options: 1.4261			<u>Facility Specific</u> 1.3883 1.4020 1.4261	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$9,093,082	\$5,101,174	\$0	\$1,264,516	\$1,043,936	\$0	\$1,464,970		\$218,486	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$241,235)	(\$14,653)	\$0	(\$17,229)	\$2,249	\$2,580	(\$134,091)		(\$80,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$388,128)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$533,415		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$112,929
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,110,063	\$5,086,521	\$0	\$1,247,287	\$1,046,185	\$2,580	\$942,751	\$533,415	\$138,395	\$112,929
8	Total Nursing Facility Days	FY19 Audited C/R Days	57,550									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,089		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.32	\$88.38	\$0.00	\$21.67	\$18.22	(with L&H)	\$16.38	\$11.33	\$2.94	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3883								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	\$2.94	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.77	\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	14.11 (FRV)	\$2.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.99	\$3.18	\$0.00	\$1.08	\$0.91	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.76	\$66.84	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4261								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.24	\$95.32	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.11	\$101.09	\$0.00	\$22.97	\$19.54	\$0.00	\$34.67	\$11.33	\$14.11	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div> <div> Provider: Newnan Hosp. Health & Rehab Ctr Prvdr ID: 00040719A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.72 </div> <div> Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall CMI: 1.4665 Quarterly Medicaid CMI: 1.3803 Qtrly Mcaid CMI w RUG Wght Options: 1.4032 </div> <div> Facility Specific State-wide 1.4659 1.5462 1.5738 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
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 FY19 C/R - FY19 GL/PL Rpt	\$5,675,841	\$3,324,089	\$0	\$529,849	\$579,320	\$0	\$968,059		\$274,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$53,857)	\$0	\$0	\$0	\$0	\$574	(\$39,290)		(\$15,141)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$55,055)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$108,160		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,861
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GL/PL/T	\$5,691,950	\$3,324,089	\$0	\$529,849	\$579,320	\$574	\$873,714	\$108,160	\$259,383	\$16,861
8	Total Nursing Facility Days As Filed Days = 30,351	FY19 Audited C/R Days	30,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,962		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.91	\$109.52	\$0.00	\$17.46	\$19.11	(with L&H)	\$28.79	\$4.51	\$10.82	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4665								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.68	\$0.00	\$17.46	\$19.11		\$28.79	\$4.51	\$10.82	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.87	\$74.68	\$0.00	\$17.46	\$19.11		\$27.76	\$4.51	13.65 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.95	\$3.73	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$78.41	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4032								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.43	\$110.02	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.99	\$113.85	\$0.00	\$18.55	\$20.48	\$0.00	\$46.25	\$4.51	\$13.65	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.67									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$221.25									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$153.11									

Quarterly Case Mix Per Diem Calculation

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Provider: Riverview Health & Rehab Ctr				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Pvdr ID: 00040741A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3702	1.4759
H/B ?: No				Case Mix Per Diem Rate Effective Date: 07/01/21		BIMS: 16.2%	0.0%	Quarterly Medicaid CMI:			1.4290	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.90	2.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.4522	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 483,548		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								51,330		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$32.11	\$1.98
<u>Allowed @ 95% of Std</u>			\$187.21	\$80.66		\$21.53	\$24.56		\$26.37		\$32.11	\$1.98
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$204.29	\$84.69		\$22.61	\$25.79		\$27.69	\$ 9.42	\$32.11	\$1.98
Quarterly Facility Case Mix Index for Medicaid Residents				1.4522							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$122.99								
Quarterly Medicaid CMA Allowed Per Diem			\$237.35	\$122.99		\$22.61	\$25.79		\$27.69	4.19	\$32.11	\$1.98
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% to Routine Srvs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.46	\$2.46								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$19.56									
Quarterly Case Mix Based Per Diem Rate			\$256.91	\$125.45		\$22.61	\$25.79		\$44.79	\$4.19	\$32.11	\$1.98
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$179.86										

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: William Breman Jewish Home Prvdr ID: 00040752A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 50.00% Nurse Hours per On-Site Day/Quality Incentive: 6.28		<u>Facility Score</u> N/A 50.00% 6.28	<u>Add-on Percent</u> 5.00% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3532 Quarterly Medicaid CMI: 1.6126 Qtrly Mcaid CMI w RUG Wght Options: 1.6405			<u>Facility Specific</u> 1.3532 1.6126 1.6405	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$10,761,514	\$5,571,419	\$0	\$1,898,285	\$1,311,597	\$0	\$1,048,084		\$932,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,292)	\$0	\$0	\$0	\$1,254	\$1,131	\$0		(\$26,677)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,978)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,727		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,888
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,868,859	\$5,571,419	\$0	\$1,898,285	\$1,312,851	\$1,131	\$1,005,106	\$137,727	\$905,452	\$36,888
8	Total Nursing Facility Days As Filed Days = 34,021	FY19 Audited C/R Days	34,021									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$329.37	\$163.76	\$0.00	\$55.80	\$38.62	(with L&H)	\$29.54	\$5.31	\$34.92	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3532								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$121.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$121.01	\$0.00	\$55.80	\$38.62		\$29.54	\$5.31	\$34.92	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.46	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$5.31	28.55 (FRV)	\$1.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.52	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6405								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.63	\$146.27	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.04	\$8.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.99	\$13.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$292.62	\$160.16	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$5.31	\$28.55	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Signature HC of Buckhead				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040763A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6138	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.08%	2.5%	Quarterly Medicaid CMI:			1.8671	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9039	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,820,421	\$5,020,013	\$0	\$778,804	\$838,525	\$0	\$2,308,501		\$874,578	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$228,189)	(\$65,383)	\$0	\$0	\$0	(\$1,259)	(\$4,973)		(\$156,574)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$316,023)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$144,202		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$97,786
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,518,197	\$4,954,630	\$0	\$778,804	\$838,525	(\$1,259)	\$1,987,505	\$144,202	\$718,004	\$97,786
8	Total Nursing Facility Days As Filed Days = 41,985	FY19 Audited C/R Days	41,985									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.21	\$118.01	\$0.00	\$18.55	\$19.94	(with L&H)	\$47.34	\$3.21	\$15.98	\$2.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6138								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.13	\$0.00	\$18.55	\$19.94		\$47.34	\$3.21	\$15.98	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$73.13	\$0.00	\$18.55	\$19.94		\$27.76	\$3.21	10.97 (FRV)	\$2.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.98	\$3.66	\$0.00	\$0.93	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.72	\$76.79	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9039								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.13	\$146.20	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.44	\$154.78	\$0.00	\$19.70	\$21.35	\$0.00	\$46.25	\$3.21	\$10.97	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Magnolia Manor Methodist Nursing Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040785A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6055	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.07%	2.5%	Quarterly Medicaid CMI:			1.6217	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6540	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,508,149	\$6,316,744	\$0	\$1,281,216	\$1,516,480	\$0	\$1,898,025		\$495,684	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$10,054	\$42,489	\$0	\$0	\$0	\$3,099	\$0		(\$35,534)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$171,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,971		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,675
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,698,809	\$6,359,233	\$0	\$1,281,216	\$1,516,480	\$3,099	\$1,726,985	\$282,971	\$460,150	\$68,675
8	Total Nursing Facility Days As Filed Days = 62,840	FY19 Audited C/R Days	62,840									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,356		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.69	\$101.20	\$0.00	\$20.39	\$24.18	(with L&H)	\$27.48	\$5.73	\$9.32	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6055								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	\$9.32	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.29	\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	20.09 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.15	\$0.00	\$1.02	\$1.21	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.04	\$66.18	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6540								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.32	\$109.46	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.37	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.39	\$6.55	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.71	\$116.01	\$0.00	\$21.63	\$25.80	\$0.00	\$29.06	\$5.73	\$20.09	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Syl-View Health Care Center, Inc.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00040796A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3819	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.3731	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.63	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3954	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,150,614	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$624,468		\$403,275	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,675)	\$0	\$0	\$0	\$0	\$0	(\$9,473)		(\$29,202)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$127,897)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$273,620		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,294,193	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$487,098	\$273,620	\$374,073	\$36,531
8	Total Nursing Facility Days As Filed Days = 27,087	FY19 Audited C/R Days	27,087									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.84	\$77.39	\$0.00	\$17.72	\$20.18	(with L&H)	\$17.98	\$13.82	\$18.90	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3819								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	\$18.90	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.62	\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	9.07 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.60	\$2.80	\$0.00	\$0.89	\$1.01	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.22	\$58.80	\$0.00	\$18.61	\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3954								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$82.05	\$0.00	\$18.61	\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.43	\$87.91	\$0.00	\$18.83	\$21.60	\$0.00	\$36.35	\$13.82	\$9.07	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Twin View Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040807A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4067	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.89%	2.5%	Quarterly Medicaid CMI:			1.6045	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.16	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6335	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,988,256	\$2,531,203	\$0	\$382,932	\$481,622	\$0	\$999,627		\$592,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$36,112)	(\$5,087)	\$0	\$0	\$0	\$0	\$0		(\$31,025)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,141)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,319		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,982,459	\$2,526,116	\$0	\$382,932	\$481,622	\$0	\$943,486	\$42,319	\$561,847	\$44,137
8	Total Nursing Facility Days As Filed Days = 37,572	FY19 Audited C/R Days	37,572									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,639		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.85	\$67.23	\$0.00	\$10.19	\$12.82	(with L&H)	\$25.11	\$1.34	\$17.76	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.79								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	\$17.76	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.04	\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	9.39 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.39	\$0.00	\$0.51	\$0.64	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.84	\$50.18	\$0.00	\$10.70	\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6335								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.63	\$81.97	\$0.00	\$10.70	\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.22	\$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	\$166.95	\$86.19	\$0.00	\$10.92	\$13.87	\$0.00	\$43.84	\$1.34	\$9.39	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: A.G. Rhodes Home at Wesley Woods, Inc.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00040818A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6051	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.36%	2.5%	Quarterly Medicaid CMI:			1.9074	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.84	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9442	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,913,716	\$6,132,289	\$0	\$1,337,372	\$1,402,330	\$0	\$2,526,781		\$514,944	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$51,574)	(\$25,175)	\$0	\$0	\$0	\$0	\$0		(\$26,399)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$150,963)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$191,886		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$49,859
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,952,924	\$6,107,114	\$0	\$1,337,372	\$1,402,330	\$0	\$2,375,818	\$191,886	\$488,545	\$49,859
8	Total Nursing Facility Days As Filed Days = 47,015	FY19 Audited C/R Days	47,015									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,172		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$256.02	\$129.90	\$0.00	\$28.45	\$29.83	(with L&H)	\$50.53	\$4.55	\$11.58	\$1.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6051								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$28.45	\$29.83		\$50.53	\$4.55	\$11.58	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.96	\$80.93	\$0.00	\$22.66	\$25.85		\$27.76	\$4.55	17.03 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.05	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9442								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$165.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.06	\$165.22	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.13	\$4.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.72	\$9.62	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$294.78	\$174.84	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$4.55	\$17.03	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Austell Prvdr ID: 00059276A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.41% Nurse Hours per On-Site Day/Quality Incentive: 3.04		<u>Facility Score</u> N/A 28.41% 3.04	<u>Add-on Percent</u> 5.00% 1.0% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5013 Quarterly Medicaid CMI: 1.5960 Qtrly Mcaid CMI w RUG Wght Options: 1.6246			<u>Facility Specific</u> 1.5013 1.5960 1.6246	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,221,004	\$4,559,128	\$0	\$709,848	\$900,130	\$0	\$1,441,555		\$610,343	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$119,588)	(\$70,831)	\$0	\$0	(\$5,469)	(\$5,085)	\$29,948		(\$68,151)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,172)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$539,088		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,204
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,457,536	\$4,488,297	\$0	\$709,848	\$894,661	(\$5,085)	\$1,236,331	\$539,088	\$542,192	\$52,204
8	Total Nursing Facility Days As Filed Days = 42,011	FY19 Audited C/R Days	42,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,749		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.85	\$106.84	\$0.00	\$16.90	\$21.17	(with L&H)	\$29.43	\$13.56	\$13.64	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5013								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$16.90	\$21.17		\$29.43	\$13.56	\$13.64	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.98	\$71.16	\$0.00	\$16.90	\$21.17		\$27.76	\$13.56	14.12 (FRV)	\$1.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.86	\$3.56	\$0.00	\$0.85	\$1.06	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.84	\$74.72	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6246								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.51	\$121.39	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.28	\$7.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.75	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.26	\$130.41	\$0.00	\$17.97	\$22.64	\$0.00	\$46.25	\$13.56	\$14.12	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Northridge Hlth & Rehab Ctr Prvdr ID: 00059331A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 23.89% Nurse Hours per On-Site Day/Quality Incentive: 2.92		<u>Facility Score</u> N/A 23.89% 2.92	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4159 Quarterly Medicaid CMI: 1.4052 Qtrly Mcaid CMI w RUG Wght Options: 1.4273			<u>Facility Specific</u> 1.4159 1.4052 1.4273	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,863,206	\$5,070,321	\$0	\$1,616,363	\$545,054	\$590,283	\$3,328,510		\$712,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,576)	\$0	\$0	\$0	(\$55)	(\$7,166)	(\$30,074)		(\$1,281)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$125,259)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,840		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,435
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,798,646	\$5,070,321	\$0	\$1,616,363	\$544,999	\$583,117	\$3,173,177	\$86,840	\$711,394	\$12,435
8	Total Nursing Facility Days As Filed Days = 56,538	FY19 Audited C/R Days	56,538									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,402		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.89	\$89.68	\$0.00	\$28.59	\$19.95	(with L&H)	\$56.12	\$3.06	\$25.05	\$0.44
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4159								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.34	\$0.00	\$28.59	\$19.95		\$56.12	\$3.06	\$25.05	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.71	\$63.34	\$0.00	\$22.66	\$19.95		\$27.76	\$3.06	17.50 (FRV)	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.69	\$3.17	\$0.00	\$1.13	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.40	\$66.51	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.44
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4273								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.82	\$94.93	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$4.33	\$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	\$211.66	\$99.26	\$0.00	\$23.79	\$21.36	\$0.00	\$46.25	\$3.06	\$17.50	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bell-Minor Home, Inc. Prvdr ID: 00059397A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 34.43% Nurse Hours per On-Site Day/Quality Incentive: 2.99		<u>Facility Score</u> N/A 34.43% 2.99	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5590 Quarterly Medicaid CMI: 1.5551 Qtrly Mcaid CMI w RUG Wght Options: 1.5858			<u>Facility Specific</u> 1.5590 1.5551 1.5858	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,543,604	\$2,656,335	\$0	\$570,481	\$533,528	\$0	\$1,082,097		\$1,701,163	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$63,865)	\$0	\$0	\$0	(\$1,180)	\$0	(\$3,017)		(\$59,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,726)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$209,748		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$65,106
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,600,867	\$2,656,335	\$0	\$570,481	\$532,348	\$0	\$925,354	\$209,748	\$1,641,495	\$65,106
8	Total Nursing Facility Days As Filed Days = 33,206	FY19 Audited C/R Days	33,206									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,745		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.75	\$80.00	\$0.00	\$17.18	\$16.03	(with L&H)	\$27.87	\$7.30	\$57.11	\$2.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.32	\$0.00	\$17.18	\$16.03		\$27.87	\$7.30	\$57.11	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.62	\$51.32	\$0.00	\$17.18	\$16.03		\$27.76	\$7.30	13.77 (FRV)	\$2.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.62	\$2.57	\$0.00	\$0.86	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.24	\$53.89	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5858								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.81	\$85.46	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.96	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.77	\$90.69	\$0.00	\$18.26	\$17.24	\$0.00	\$46.25	\$7.30	\$13.77	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Azalea Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059441A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6174	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.58%	2.5%	Quarterly Medicaid CMI:			1.7723	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8068	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,368,327	\$2,834,416	\$0	\$587,405	\$575,672	\$0	\$1,113,979		\$1,256,855	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,067)	\$0	\$0	\$0	\$0	(\$1,828)	(\$5,284)		(\$42,955)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,555)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$7,131		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$48,398
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,370,234	\$2,834,416	\$0	\$587,405	\$575,672	(\$1,828)	\$1,105,140	\$7,131	\$1,213,900	\$48,398
8	Total Nursing Facility Days As Filed Days = 30,755	FY19 Audited C/R Days	30,755									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,933		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.80	\$92.16	\$0.00	\$19.10	\$18.66	(with L&H)	\$35.93	\$0.27	\$46.81	\$1.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6174								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.98	\$0.00	\$19.10	\$18.66		\$35.93	\$0.27	\$46.81	\$1.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.98	\$0.00	\$19.10	\$18.66		\$27.76	\$0.27	13.95 (FRV)	\$1.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.13	\$2.85	\$0.00	\$0.96	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.72	\$59.83	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8068								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.99	\$108.10	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.19	\$114.57	\$0.00	\$20.28	\$20.00	\$0.00	\$46.25	\$0.27	\$13.95	\$1.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Decatur Health and Rehab Ctr				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00059452A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.5606	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score			21.95%	1.0%	Quarterly Medicaid CMI:			1.7283	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:			3.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7610	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,769,866	\$2,463,350	\$0	\$406,676	\$393,492	\$0	\$820,531		\$685,817	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$59,176)	(\$9,752)	\$0	\$0	\$0	\$0	\$0		(\$49,424)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,258)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$234,159			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,883	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,005,474	\$2,453,598	\$0	\$406,676	\$393,492	\$0	\$817,273	\$234,159	\$636,393	\$63,883	
8	Total Nursing Facility Days As Filed Days = 24,438	FY19 Audited C/R Days	24,438										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,028			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.02	\$100.40	\$0.00	\$16.64	\$16.10	(with L&H)	\$33.44	\$11.14	\$30.26	\$3.04	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5606									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.33									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.33	\$0.00	\$16.64	\$16.10		\$33.44	\$11.14	\$30.26	\$3.04	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.74	\$64.33	\$0.00	\$16.64	\$16.10		\$27.76	\$11.14	12.73 (FRV)	\$3.04	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.25	\$3.22	\$0.00	\$0.83	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.99	\$67.55	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7610									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.40	\$118.96	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.57	\$3.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.42	\$124.25	\$0.00	\$17.69	\$17.32	\$0.00	\$46.25	\$11.14	\$12.73	\$3.04	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.49										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Augusta				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059463A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4463	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.84%	2.5%	Quarterly Medicaid CMI:			1.5694	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5979	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,527,888	\$3,106,264	\$0	\$505,059	\$708,917	\$0	\$957,821		\$249,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$59,279)	(\$50,018)	\$0	\$0	\$15,731	(\$35,366)	\$55,725		(\$45,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,679)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,371
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,750,692	\$3,056,246	\$0	\$505,059	\$724,648	(\$35,366)	\$823,867	\$434,391	\$204,476	\$37,371
8	Total Nursing Facility Days As Filed Days = 30,042	FY19 Audited C/R Days	30,042									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,419		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.56	\$101.73	\$0.00	\$16.81	\$22.94	(with L&H)	\$27.42	\$15.84	\$7.46	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4463								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	\$7.46	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.00	\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	11.29 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.88	\$3.52	\$0.00	\$0.84	\$1.15	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.88	\$73.86	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5979								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.04	\$118.02	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.42	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.26		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.36	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.05	\$125.04	\$0.00	\$17.87	\$24.50	\$0.00	\$46.15	\$15.84	\$11.29	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bolingreen Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059485A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5496	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.69%	2.5%	Quarterly Medicaid CMI:			1.5985	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6277	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,668,311	\$3,891,778	\$0	\$649,840	\$764,305	\$0	\$1,205,629		\$156,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$89,623)	\$0	\$0	\$0	(\$783)	(\$4,420)	(\$71,984)		(\$12,436)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,960)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$127,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,357
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,654,498	\$3,891,778	\$0	\$649,840	\$763,522	(\$4,420)	\$1,069,685	\$127,413	\$144,323	\$12,357
8	Total Nursing Facility Days As Filed Days = 39,046	FY19 Audited C/R Days	39,046									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,268		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.39	\$99.67	\$0.00	\$16.64	\$19.44	(with L&H)	\$27.40	\$5.04	\$5.71	\$0.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5496								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.32	\$0.00	\$16.64	\$19.44		\$27.40	\$5.04	\$5.71	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.83	\$64.32	\$0.00	\$16.64	\$19.44		\$27.40	\$5.04	10.50 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.22	\$0.00	\$0.83	\$0.97	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$67.54	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6277								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.61	\$109.93	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.43	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.27		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.19	\$116.51	\$0.00	\$17.69	\$20.82	\$0.00	\$46.14	\$5.04	\$10.50	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Brown Health and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059562A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4694	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.79%	2.5%	Quarterly Medicaid CMI:			1.5040	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5322	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,728,136	\$3,370,686	\$0	\$663,486	\$935,570	\$0	\$1,063,967		\$694,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$67,593)	(\$2,689)	\$0	\$0	\$3,413	\$5,964	(\$49,174)		(\$25,107)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,094)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,469
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,737,918	\$3,367,997	\$0	\$663,486	\$938,983	\$5,964	\$962,699	\$104,000	\$669,320	\$25,469
8	Total Nursing Facility Days As Filed Days = 34,311	FY19 Audited C/R Days	34,311									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,991		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.64	\$98.16	\$0.00	\$19.34	\$27.54	(with L&H)	\$28.06	\$3.72	\$23.91	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4694								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.80								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.80	\$0.00	\$19.34	\$27.54		\$28.06	\$3.72	\$23.91	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.41	\$66.80	\$0.00	\$19.34	\$25.85		\$27.76	\$3.72	19.03 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.99	\$3.34	\$0.00	\$0.97	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.40	\$70.14	\$0.00	\$20.31	\$27.14	\$0.00	\$29.15	\$3.72	\$19.03	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5322								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.73	\$107.47	\$0.00	\$20.31	\$27.14	\$0.00	\$29.15	\$3.72	\$19.03	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.44	\$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	\$231.49	\$113.91	\$0.00	\$20.53	\$27.14	\$0.00	\$46.25	\$3.72	\$19.03	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div> <div> Provider: Carrollton Nursing and Rehab Center Prvdr ID: 00059661A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.14% Nurse Hours per On-Site Day/Quality Incentive: 2.77 </div> <div> Facility Score: N/A Add-on Percent: 5.00% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5993 Quarterly Medicaid CMI: 1.6174 Qtrly Mcaid CMI w RUG Wght Options: 1.6474 </div> <div> Facility Specific: 1.5993 1.6174 1.6474 </div> <div> State-wide: 1.4759 1.5462 1.5738 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
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 FY19 C/R - FY19 GL/PL Rpt	\$8,169,057	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,312,180		\$1,117,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,270)	\$0	\$0	\$0	\$0	\$0	(\$14,467)		(\$49,803)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$14,319)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,242		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,164,269	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,283,394	\$16,242	\$1,068,021	\$57,559
8	Total Nursing Facility Days As Filed Days = 43,019	FY19 Audited C/R Days	43,019									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.40	\$95.87	\$0.00	\$20.17	\$17.37	(with L&H)	\$29.83	\$0.47	\$31.02	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.94	\$0.00	\$20.17	\$17.37		\$29.83	\$0.47	\$31.02	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.02	\$59.94	\$0.00	\$20.17	\$17.37		\$27.76	\$0.47	8.64 (FRV)	\$1.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$3.00	\$0.00	\$1.01	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.29	\$62.94	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6474								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.69	\$103.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.04	\$103.69	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.00	\$109.92	\$0.00	\$21.40	\$18.65	\$0.00	\$46.25	\$0.47	\$8.64	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.43									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.51									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Chaplinwood Health & Rehab				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00059694A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2675	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.87%	2.5%	Quarterly Medicaid CMI:			1.4511	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4770	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,648,302	\$2,784,703	\$0	\$504,100	\$648,779	\$0	\$916,296		\$794,424	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$122,438)	\$0	\$0	\$0	\$0	(\$6,503)	(\$87,277)		(\$28,658)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,170)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,351		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,607,435	\$2,784,703	\$0	\$504,100	\$648,779	(\$6,503)	\$775,849	\$105,351	\$765,766	\$29,390
8	Total Nursing Facility Days As Filed Days = 32,516	FY19 Audited C/R Days	32,516									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,765		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.70	\$85.64	\$0.00	\$15.50	\$19.75	(with L&H)	\$23.86	\$4.09	\$29.72	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2675								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	\$29.72	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	11.73 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$3.38	\$0.00	\$0.78	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.98	\$70.95	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4770								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.82	\$104.79	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.21	\$111.08	\$0.00	\$16.50	\$21.15	\$0.00	\$42.52	\$4.09	\$11.73	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Hazlehurst Court Care and Rehab				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00059705A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4129	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		26.92%	1.0%	Quarterly Medicaid CMI:			1.4947	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5198	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,434,410	\$1,759,041	\$0	\$309,926	\$336,881	\$0	\$567,449		\$461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,236)	\$0	\$0	\$0	(\$959)	\$0	(\$10,819)		(\$14,458)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$19,062)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,030		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,066
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,453,208	\$1,759,041	\$0	\$309,926	\$335,922	\$0	\$537,568	\$48,030	\$446,655	\$16,066
8	Total Nursing Facility Days As Filed Days = 23,369	FY19 Audited C/R Days	23,369									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,795		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.46	\$75.27	\$0.00	\$13.26	\$14.37	(with L&H)	\$23.00	\$2.31	\$21.48	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4129								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$13.26	\$14.37		\$23.00	\$2.31	\$21.48	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.42	\$53.27	\$0.00	\$13.26	\$14.37		\$23.00	\$2.31	7.44 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.19	\$2.66	\$0.00	\$0.66	\$0.72	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.61	\$55.93	\$0.00	\$13.92	\$15.09	\$0.00	\$24.15	\$2.31	\$7.44	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5198								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.68	\$85.00	\$0.00	\$13.92	\$15.09	\$0.00	\$24.15	\$2.31	\$7.44	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$3.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.71	\$88.93	\$0.00	\$14.14	\$15.50	\$0.00	\$41.62	\$2.31	\$7.44	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cordele Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059892A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5417	1.4759
				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.8461	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		4.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8815	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,698,592	\$3,198,687	\$0	\$524,543	\$228,755	\$314,730	\$883,983		\$547,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$4,021)	\$0	\$0	\$0	\$0	\$0	\$0		(\$4,021)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$36,555)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,092		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,979
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,714,087	\$3,198,687	\$0	\$524,543	\$228,755	\$314,730	\$847,428	\$48,092	\$543,873	\$7,979
8	Total Nursing Facility Days As Filed Days = 22,813	FY19 Audited C/R Days	22,813									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,679		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$256.29	\$140.21	\$0.00	\$22.99	\$23.82	(with L&H)	\$37.15	\$2.57	\$29.12	\$0.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5417								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.95	\$0.00	\$22.99	\$23.82		\$37.15	\$2.57	\$29.12	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.15	\$84.91	\$0.00	\$22.99	\$23.82		\$27.76	\$2.57	9.67 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.98	\$4.25	\$0.00	\$1.15	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.13	\$89.16	\$0.00	\$24.14	\$25.01	\$0.00	\$29.15	\$2.57	\$9.67	\$0.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8815								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$167.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.72	\$167.75	\$0.00	\$24.14	\$25.01	\$0.00	\$29.15	\$2.57	\$9.67	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$283.16	\$174.46	\$0.00	\$24.36	\$25.42	\$0.00	\$46.25	\$2.57	\$9.67	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div> <div> Provider: Dublinair Health & Rehab Center Prvdr ID: 00059947A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.89% Nurse Hours per On-Site Day/Quality Incentive: 3.75 </div> <div> Facility Score: N/A Add-on Percent: 5.00% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5512 Quarterly Medicaid CMI: 1.5826 Qtrly Mcaid CMI w RUG Wght Options: 1.6124 1.5738 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$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 FY19 C/R - FY19 GL/PL Rpt	\$5,793,959	\$2,947,296	\$0	\$674,869	\$659,637	\$0	\$809,651		\$702,506	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,181)	\$0	\$0	\$0	(\$1,731)	(\$2,206)	(\$11,488)		(\$56,756)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$58,972)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,720,269	\$2,947,296	\$0	\$674,869	\$657,906	(\$2,206)	\$739,191	\$0	\$645,750	\$57,463
8	Total Nursing Facility Days As Filed Days = 42,344	FY19 Audited C/R Days	42,344									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.01	\$69.60	\$0.00	\$15.94	\$15.49	(with L&H)	\$17.46	\$0.00	\$20.68	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.87	\$0.00	\$15.94	\$15.49		\$17.46	\$0.00	\$20.68	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.00	\$44.87	\$0.00	\$15.94	\$15.49		\$17.46	\$0.00	9.40 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.68	\$2.24	\$0.00	\$0.80	\$0.77	\$0.00	\$0.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.68	\$47.11	\$0.00	\$16.74	\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6124								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.53	\$75.96	\$0.00	\$16.74	\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.34	\$80.67	\$0.00	\$16.96	\$16.67	\$0.00	\$35.80	\$0.00	\$9.40	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.18									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$182.40									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$123.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: River Towne Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00082684A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7114	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		48.54%	5.5%	Quarterly Medicaid CMI:			1.7435	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7764	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,424,892	\$3,471,182	\$0	\$626,849	\$596,017	\$0	\$1,636,723		\$1,094,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$165,644)	(\$90,765)	\$0	\$0	(\$10,865)	(\$15,679)	\$24,040		(\$72,375)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,092)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$200,258		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,409,670	\$3,380,417	\$0	\$626,849	\$585,152	(\$15,679)	\$1,539,671	\$200,258	\$1,021,746	\$71,256
8	Total Nursing Facility Days As Filed Days = 42,336	FY19 Audited C/R Days	42,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,612		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.13	\$79.85	\$0.00	\$14.81	\$13.45	(with L&H)	\$36.37	\$5.06	\$25.79	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7114								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$14.81	\$13.45		\$36.37	\$5.06	\$25.79	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.83	\$46.66	\$0.00	\$14.81	\$13.45		\$27.76	\$5.06	8.29 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.13	\$2.33	\$0.00	\$0.74	\$0.67	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.96	\$48.99	\$0.00	\$15.55	\$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7764								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.00	\$87.03	\$0.00	\$15.55	\$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.79	\$4.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.74	\$1.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$7.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.79	\$94.09	\$0.00	\$15.77	\$14.53	\$0.00	\$46.25	\$5.06	\$8.29	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Heardmont Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00082981A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4476	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		37.84%	2.5%	Quarterly Medicaid CMI:			1.5851	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6148	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,213,767	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$371,170		\$213,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,551)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,551)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$18,827)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,822
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,196,211	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$352,343	\$0	\$196,486	\$17,822
8	Total Nursing Facility Days As Filed Days = 12,894	FY19 Audited C/R Days	12,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,257		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.76	\$81.82	\$0.00	\$18.71	\$25.85	(with L&H)	\$27.33	\$0.00	\$12.88	\$1.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4476								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	\$12.88	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	9.01 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$2.83	\$0.00	\$0.94	\$1.29	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.02	\$59.35	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6148								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.51	\$95.84	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.07	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.32		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.49	\$4.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.42	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.00	\$100.69	\$0.00	\$19.87	\$27.14	\$0.00	\$46.12	\$0.00	\$9.01	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.18									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 28.3% Nurse Hours per On-Site Day/Quality Incentive: 3.31		Facility Score: N/A BIMS: 28.3% 3.31	Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4664 Quarterly Medicaid CMI: 1.4086 Qtrly Mcaid CMI w RUG Wght Options: 1.4343			Facility Specific: 1.4664 1.4086 1.4343	State-wide: 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 88,400		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								25,994		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$36.39	\$9.19
<u>Allowed @ 95% of Std</u>			\$198.70	\$80.66		\$21.53	\$24.56		\$26.37		\$36.39	\$9.19
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$209.76	\$84.69		\$22.61	\$25.79		\$27.69	\$ 3.40	\$36.39	\$9.19
Quarterly Facility Case Mix Index for Medicaid Residents				1.4343							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$121.48								
Quarterly Medicaid CMA Allowed Per Diem			\$246.54	\$121.48		\$22.61	\$25.79		\$27.69	3.40	\$36.39	\$9.19
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% to Routine Srvs)			\$1.21	\$1.21								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.64	\$3.64								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$21.96									
Quarterly Case Mix Based Per Diem Rate			\$268.50	\$126.33		\$22.61	\$25.79		\$44.79	\$3.40	\$36.39	\$9.19
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$188.55									

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Tower Road Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083003A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7321	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.75%	1.0%	Quarterly Medicaid CMI:			1.9921	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0319	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,917,361	\$4,986,774	\$0	\$713,047	\$634,437	\$0	\$2,030,229		\$2,552,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$92,579)	\$0	\$0	\$0	(\$5,306)	(\$5,474)	(\$3,287)		(\$78,512)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$130,382)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$142,704		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$87,082
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,924,186	\$4,986,774	\$0	\$713,047	\$629,131	(\$5,474)	\$1,896,560	\$142,704	\$2,474,362	\$87,082
8	Total Nursing Facility Days As Filed Days = 41,391	FY19 Audited C/R Days	41,391									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,590		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$265.23	\$120.48	\$0.00	\$17.23	\$15.07	(with L&H)	\$45.82	\$3.52	\$60.96	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7321								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.56								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.56	\$0.00	\$17.23	\$15.07		\$45.82	\$3.52	\$60.96	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.62	\$69.56	\$0.00	\$17.23	\$15.07		\$27.76	\$3.52	11.33 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.48	\$3.48	\$0.00	\$0.86	\$0.75	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.10	\$73.04	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0319								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.47	\$148.41	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$6.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.66	\$154.87	\$0.00	\$18.31	\$16.23	\$0.00	\$46.25	\$3.52	\$11.33	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Green Acres Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083014A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4069	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.82%	2.5%	Quarterly Medicaid CMI:			1.4330	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4581	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,647,857	\$2,752,536	\$0	\$560,153	\$656,153	\$0	\$934,841		\$744,174	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$103,217)	\$0	\$0	\$0	\$0	(\$5,581)	(\$66,642)		(\$30,994)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,130)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$101,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,150
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,625,580	\$2,752,536	\$0	\$560,153	\$656,153	(\$5,581)	\$816,069	\$101,920	\$713,180	\$31,150
8	Total Nursing Facility Days As Filed Days = 31,596	FY19 Audited C/R Days	31,596									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,003		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.12	\$87.12	\$0.00	\$17.73	\$20.59	(with L&H)	\$25.83	\$4.08	\$28.52	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4069								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	\$28.52	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	11.35 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.31	\$3.10	\$0.00	\$0.89	\$1.03	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.06	\$65.02	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4581								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.85	\$94.81	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.69	\$100.55	\$0.00	\$18.84	\$22.03	\$0.00	\$44.59	\$4.08	\$11.35	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Abercorn Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083025A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		55.32%	5.5%	Quarterly Medicaid CMI:			1.5372	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.34	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5629	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(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					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,037,755	\$2,508,615	\$0	\$525,702	\$533,704	\$0	\$1,181,519		\$1,288,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$151,471)	(\$13,997)	\$0	(\$1,598)	\$0	\$1,598	(\$60,625)		(\$76,849)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$156,233)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$213,308		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,015,526	\$2,494,618	\$0	\$524,104	\$533,704	\$1,598	\$964,661	\$213,308	\$1,211,366	\$72,167
8	Total Nursing Facility Days As Filed Days = 29,894	FY19 Audited C/R Days	29,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,214		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.52	\$83.45	\$0.00	\$17.53	\$17.91	(with L&H)	\$32.27	\$8.46	\$48.04	\$2.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.64	\$0.00	\$17.53	\$17.91		\$32.27	\$8.46	\$48.04	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.62	\$53.64	\$0.00	\$17.53	\$17.91		\$27.76	\$8.46	11.46 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.68	\$0.00	\$0.88	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.47	\$56.32	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5629								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.17	\$88.02	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$7.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.03	\$95.15	\$0.00	\$18.63	\$19.22	\$0.00	\$46.25	\$8.46	\$11.46	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lynn Haven Health & Rehab Prvdr ID: 00083036A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 61.36% Nurse Hours per On-Site Day/Quality Incentive: 3.14		<u>Facility Score</u> N/A 61.36% 3.14	<u>Add-on Percent</u> 5.00% 5.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5828 Quarterly Medicaid CMI: 1.6844 Qtrly Mcaid CMI w RUG Wght Options: 1.7165			<u>Facility Specific</u> 1.5828 1.6844 1.7165	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,625,686	\$2,793,832	\$0	\$514,729	\$699,509	\$0	\$868,950		\$748,666	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,647)	\$2,176	\$0	\$0	\$0	(\$8,110)	(\$15,542)		(\$32,171)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,885)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,080		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,619
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,643,853	\$2,796,008	\$0	\$514,729	\$699,509	(\$8,110)	\$812,523	\$80,080	\$716,495	\$32,619
8	Total Nursing Facility Days	FY19 Audited C/R Days	26,727									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.52	\$104.61	\$0.00	\$19.26	\$25.87	(with L&H)	\$30.40	\$3.90	\$34.89	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5828								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.26	\$25.87		\$30.40	\$3.90	\$34.89	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.01	\$66.09	\$0.00	\$19.26	\$25.85		\$27.76	\$3.90	13.56 (FRV)	\$1.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.94	\$3.30	\$0.00	\$0.96	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$69.39	\$0.00	\$20.22	\$27.14	\$0.00	\$29.15	\$3.90	\$13.56	\$1.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7165								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.67	\$119.11	\$0.00	\$20.22	\$27.14	\$0.00	\$29.15	\$3.90	\$13.56	\$1.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.78	\$9.46	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.45	\$128.57	\$0.00	\$20.44	\$27.14	\$0.00	\$46.25	\$3.90	\$13.56	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Magnolia Manor Columbus East Prvdr ID: 00083047A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 16.46% Nurse Hours per On-Site Day/Quality Incentive: 3.49			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7524 Quarterly Medicaid CMI: 1.6588 Qtrly Mcaid CMI w RUG Wght Options: 1.6913			Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$9,414,868	\$4,978,782	\$0	\$1,089,203	\$880,023	\$0	\$1,566,779		\$900,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$20,641)	\$0	\$0	\$3,874	\$0	\$0	\$52,633		(\$77,148)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$171,815)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$290,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,543,695	\$4,978,782	\$0	\$1,093,077	\$880,023	\$0	\$1,447,597	\$290,503	\$822,933	\$30,780
8	Total Nursing Facility Days As Filed Days = 48,460	FY19 Audited C/R Days	48,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,280		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.87	\$102.74	\$0.00	\$22.56	\$18.16	(with L&H)	\$29.87	\$8.01	\$22.68	\$0.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.63	\$0.00	\$22.56	\$18.16		\$29.87	\$8.01	\$22.68	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.80	\$58.63	\$0.00	\$22.56	\$18.16		\$27.76	\$8.01	10.83 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.36	\$2.93	\$0.00	\$1.13	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.16	\$61.56	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6913								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.72	\$104.12	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.08	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.69	\$0.00	\$0.08	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.00	\$108.81	\$0.00	\$23.77	\$19.48	\$0.00	\$46.25	\$8.01	\$10.83	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: The Center for Advanced Rehab @ Parkside				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083102A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7481	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		19.61%	0.0%	Quarterly Medicaid CMI:			1.9688	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0082	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,311,337	\$4,602,279	\$0	\$864,224	\$792,419	\$0	\$1,722,137		\$1,330,278	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$146,115)	(\$4,295)	\$0	\$0	(\$5,419)	(\$1,570)	(\$30,534)		(\$104,297)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$119,631)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$77,384		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,289,949	\$4,597,984	\$0	\$864,224	\$787,000	(\$1,570)	\$1,571,972	\$77,384	\$1,225,981	\$166,974
8	Total Nursing Facility Days As Filed Days = 43,724	FY19 Audited C/R Days	43,724									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,973		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.06	\$105.16	\$0.00	\$19.77	\$17.96	(with L&H)	\$35.95	\$1.80	\$28.53	\$3.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7481								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.16	\$0.00	\$19.77	\$17.96		\$35.95	\$1.80	\$28.53	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.55	\$60.16	\$0.00	\$19.77	\$17.96		\$27.76	\$1.80	23.21 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.01	\$0.00	\$0.99	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.84	\$63.17	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0082								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.53	\$126.86	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.80	\$3.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.33	\$129.93	\$0.00	\$20.98	\$19.27	\$0.00	\$46.25	\$1.80	\$23.21	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.17									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$262.32									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$183.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Magnolia Manor Columbus West				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00083124A				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.5930	1.4759	
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score	41.03%	2.5%	Quarterly Medicaid CMI:			1.8311	1.5462	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:	3.79	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8676	1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,618,244	\$4,047,993	\$0	\$801,426	\$797,513	\$0	\$1,312,695		\$658,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$249,528)	\$0	\$0	\$0	\$0	(\$10,774)	(\$211,700)		(\$27,054)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,684)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,764		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,527,553	\$4,047,993	\$0	\$801,426	\$797,513	(\$10,774)	\$982,311	\$239,764	\$631,563	\$37,757
8	Total Nursing Facility Days As Filed Days = 42,454	FY19 Audited C/R Days	42,454									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,741		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.65	\$95.35	\$0.00	\$18.88	\$18.53	(with L&H)	\$23.14	\$6.53	\$17.19	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5930								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.86	\$0.00	\$18.88	\$18.53		\$23.14	\$6.53	\$17.19	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$59.86	\$0.00	\$18.88	\$18.53		\$23.14	\$6.53	11.66 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.02	\$2.99	\$0.00	\$0.94	\$0.93	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.65	\$62.85	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8676								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.18	\$117.38	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.26	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.44	\$125.54	\$0.00	\$20.04	\$19.87	\$0.00	\$41.77	\$6.53	\$11.66	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Pinehill Nursing Center Prvdr ID: 00083135A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 39.34% Nurse Hours per On-Site Day/Quality Incentive: 2.62		N/A 39.34% 2.62	5.00% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4503 1.6050 1.6361	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,208,501	\$2,004,228	\$0	\$355,593	\$414,563	\$0	\$672,689		\$761,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$28,318)	\$0	\$0	\$0	\$0	\$0	(\$10,210)		(\$18,108)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$59,088)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,786		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,628
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,205,509	\$2,004,228	\$0	\$355,593	\$414,563	\$0	\$603,391	\$62,786	\$743,320	\$21,628
8	Total Nursing Facility Days As Filed Days = 28,114	FY19 Audited C/R Days	28,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.12	\$71.29	\$0.00	\$12.65	\$14.75	(with L&H)	\$21.46	\$2.35	\$27.81	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4503								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	\$27.81	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.08	\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	9.90 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.90	\$2.46	\$0.00	\$0.63	\$0.74	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.98	\$51.62	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6361								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.82	\$84.46	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.25	\$88.79	\$0.00	\$13.50	\$15.90	\$0.00	\$40.00	\$2.35	\$9.90	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.61									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.91									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$136.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: National Health Care of Rossville Prvdr ID: 00083146A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.44% Nurse Hours per On-Site Day/Quality Incentive: 3.04		<u>Facility Score</u> 3.04	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2108 Quarterly Medicaid CMI: 1.1871 Qtrly Mcaid CMI w RUG Wght Options: 1.2039			<u>Facility Specific</u> 1.2108 1.1871 1.2039	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,608,435	\$3,141,768	\$0	\$612,312	\$550,447	\$0	\$1,022,048		\$281,860	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,984)	\$0	\$0	\$0	(\$1,617)	(\$2,219)	(\$18,474)		(\$51,674)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,282
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,753,333	\$3,141,768	\$0	\$612,312	\$548,830	(\$2,219)	\$1,003,574	\$161,600	\$230,186	\$57,282
8	Total Nursing Facility Days As Filed Days = 34,803	FY19 Audited C/R Days	34,803									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,938		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.47	\$90.27	\$0.00	\$17.59	\$15.71	(with L&H)	\$28.84	\$5.06	\$7.21	\$1.79
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.55	\$0.00	\$17.59	\$15.71		\$28.84	\$5.06	\$7.21	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.17	\$74.55	\$0.00	\$17.59	\$15.71		\$27.76	\$5.06	10.71 (FRV)	\$1.79
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.79	\$3.73	\$0.00	\$0.88	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.96	\$78.28	\$0.00	\$18.47	\$16.50	\$0.00	\$29.15	\$5.06	\$10.71	\$1.79
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2039								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.92	\$94.24	\$0.00	\$18.47	\$16.50	\$0.00	\$29.15	\$5.06	\$10.71	\$1.79
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.37	\$99.96	\$0.00	\$18.69	\$16.91	\$0.00	\$46.25	\$5.06	\$10.71	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Signature Healthcare of Savannah				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083157A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6025	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		19.57%	0.0%	Quarterly Medicaid CMI:			1.7347	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.17	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7690	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,268,848	\$3,481,801	\$0	\$611,093	\$526,568	\$0	\$1,430,757		\$218,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$71,638)	\$0	\$0	\$0	\$0	\$0	(\$1,940)		(\$69,698)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$146,902)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$146,322		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,927
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,265,557	\$3,481,801	\$0	\$611,093	\$526,568	\$0	\$1,281,915	\$146,322	\$148,931	\$68,927
8	Total Nursing Facility Days As Filed Days = 38,466	FY19 Audited C/R Days	38,466									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.19	\$90.52	\$0.00	\$15.89	\$13.69	(with L&H)	\$33.33	\$3.92	\$3.99	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6025								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$15.89	\$13.69		\$33.33	\$3.92	\$3.99	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.77	\$56.49	\$0.00	\$15.89	\$13.69		\$27.76	\$3.92	10.17 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.68	\$2.82	\$0.00	\$0.79	\$0.68	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.45	\$59.31	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7690								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.06	\$104.92	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.36	\$2.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.42	\$107.55	\$0.00	\$16.90	\$14.78	\$0.00	\$46.25	\$3.92	\$10.17	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Muscogee Manor & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083223A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3226	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.06%	5.5%	Quarterly Medicaid CMI:			1.6354	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6649	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$10,701,385	\$6,736,893	\$0	\$1,129,623	\$1,299,821	\$0	\$1,256,604		\$278,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$28,989)	(\$63,206)	\$0	\$0	(\$8,464)	(\$13,217)	\$77,901		(\$22,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$145,429)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$207,740		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,763,661	\$6,673,687	\$0	\$1,129,623	\$1,291,357	(\$13,217)	\$1,189,076	\$207,740	\$256,441	\$28,954
8	Total Nursing Facility Days As Filed Days = 45,983	FY19 Audited C/R Days	45,983									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.75	\$145.13	\$0.00	\$24.57	\$27.80	(with L&H)	\$25.86	\$5.22	\$6.44	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3226								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$109.73	\$0.00	\$24.57	\$27.80		\$25.86	\$5.22	\$6.44	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$84.91	\$0.00	\$22.66	\$25.85		\$25.86	\$5.22	19.91 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.96	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.10	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$27.15	\$5.22	\$19.91	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6649								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.38	\$148.44	\$0.00	\$23.79	\$27.14	\$0.00	\$27.15	\$5.22	\$19.91	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.16	\$8.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.08	\$12.61	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$282.46	\$161.05	\$0.00	\$23.79	\$27.14	\$0.00	\$44.62	\$5.22	\$19.91	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.02									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Grace Healthcare of Tucker				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Pvdr ID: 00083267A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759		
H/B ?: No				Case Mix Per Diem Rate Effective Date: 07/01/21		BIMS	1.0%	Quarterly Medicaid CMI:			1.5811	1.5462		
				MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:	2.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6092	1.5738	
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2018														
FY2018 C/R -FY 2021 GL-PL Rpt														
Inflation (July 2019) @ 2.20%														
Patient Days														
FY 2018 Cost Rpt														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 21 GL-PL Ins Rpt Days														
Inflated NHC/ Patient Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 5.00%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$198.43	\$96.05		\$17.49	\$18.78		\$46.25	\$4.07	\$11.28	\$4.52
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$136.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Madison Hlth & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083278A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4675	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		53.06%	5.5%	Quarterly Medicaid CMI:			1.5086	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.80	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5388	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,579,689	\$1,828,844	\$0	\$446,150	\$597,940	\$0	\$659,208		\$47,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$45,035)	\$0	\$0	\$0	\$0	\$0	(\$10,122)		(\$34,913)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$92,418)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$103,824		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,582,823	\$1,828,844	\$0	\$446,150	\$597,940	\$0	\$556,668	\$103,824	\$12,634	\$36,763
8	Total Nursing Facility Days As Filed Days = 24,900	FY19 Audited C/R Days	24,900									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,836		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.09	\$73.45	\$0.00	\$17.92	\$24.01	(with L&H)	\$22.36	\$4.98	\$0.61	\$1.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4675								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	\$0.61	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.89	\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	11.81 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.72	\$2.50	\$0.00	\$0.90	\$1.20	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.61	\$52.55	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5388								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.92	\$80.86	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.12	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.04	\$89.88	\$0.00	\$19.04	\$25.62	\$0.00	\$40.95	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.71									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$200.59									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$137.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Riverdale Place Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083289A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4560	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.88%	5.5%	Quarterly Medicaid CMI:			1.6151	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6451	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,220,461	\$4,395,036	\$0	\$715,969	\$738,550	\$0	\$1,137,704		\$233,202	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$103,353)	(\$28,746)	\$0	(\$5,347)	\$6,380	\$6,201	(\$3,132)		(\$78,709)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$212,615		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$176,035
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,505,758	\$4,366,290	\$0	\$710,622	\$744,930	\$6,201	\$1,134,572	\$212,615	\$154,493	\$176,035
8	Total Nursing Facility Days As Filed Days = 51,662	FY19 Audited C/R Days	51,662									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,211		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.28	\$84.52	\$0.00	\$13.76	\$14.54	(with L&H)	\$21.96	\$4.50	\$3.27	\$3.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4560								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.05	\$0.00	\$13.76	\$14.54		\$21.96	\$4.50	\$3.27	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.19	\$58.05	\$0.00	\$13.76	\$14.54		\$21.96	\$4.50	10.65 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.42	\$2.90	\$0.00	\$0.69	\$0.73	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.61	\$60.95	\$0.00	\$14.45	\$15.27	\$0.00	\$23.06	\$4.50	\$10.65	\$3.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6451								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.93	\$100.27	\$0.00	\$14.45	\$15.27	\$0.00	\$23.06	\$4.50	\$10.65	\$3.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.08	\$109.32	\$0.00	\$14.67	\$15.68	\$0.00	\$40.53	\$4.50	\$10.65	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Rose City Health and Rehab Ctr Prvdr ID: 00083311A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.21% Nurse Hours per On-Site Day/Quality Incentive: 3.49		<u>Facility Score</u> N/A 28.21% 3.49	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7127 Quarterly Medicaid CMI: 1.7678 Qtrly Mcaid CMI w RUG Wght Options: 1.7993			<u>Facility Specific</u> 1.7127 1.7678 1.7993	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,132,801	\$1,963,348	\$0	\$461,079	\$362,369	\$0	\$772,041		\$573,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,280)	(\$4,507)	\$0	(\$1,970)	\$0	\$3,175	(\$3,790)		(\$33,188)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,422)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,107		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,120,433	\$1,958,841	\$0	\$459,109	\$362,369	\$3,175	\$730,829	\$43,107	\$540,776	\$22,227
8	Total Nursing Facility Days As Filed Days = 22,531	FY19 Audited C/R Days	22,531									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,399		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.23	\$86.94	\$0.00	\$20.38	\$16.22	(with L&H)	\$32.44	\$2.22	\$27.88	\$1.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7127								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.76	\$0.00	\$20.38	\$16.22		\$32.44	\$2.22	\$27.88	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.48	\$50.76	\$0.00	\$20.38	\$16.22		\$27.76	\$2.22	11.99 (FRV)	\$1.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.54	\$0.00	\$1.02	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.24	\$53.30	\$0.00	\$21.40	\$17.03	\$0.00	\$29.15	\$2.22	\$11.99	\$1.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7993								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.84	\$95.90	\$0.00	\$21.40	\$17.03	\$0.00	\$29.15	\$2.22	\$11.99	\$1.15
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.94	\$100.27	\$0.00	\$21.62	\$17.44	\$0.00	\$46.25	\$2.22	\$11.99	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.88									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: A.G. Rhodes Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140005A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5373	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		67.90%	5.5%	Quarterly Medicaid CMI:			1.8887	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9257	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,968,692	\$5,871,106	\$0	\$1,143,076	\$1,424,529	\$0	\$2,203,200		\$326,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$181,680)	(\$159,304)	\$0	\$0	\$0	\$0	\$0		(\$22,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,848)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,553		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,879
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,827,596	\$5,711,802	\$0	\$1,143,076	\$1,424,529	\$0	\$2,049,352	\$171,553	\$304,405	\$22,879
8	Total Nursing Facility Days As Filed Days = 47,371	FY19 Audited C/R Days	47,371									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$230.52	\$120.58	\$0.00	\$24.13	\$30.07	(with L&H)	\$43.26	\$4.29	\$7.62	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5373								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.43	\$0.00	\$24.13	\$30.07		\$43.26	\$4.29	\$7.62	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.77	\$78.43	\$0.00	\$22.66	\$25.85		\$27.76	\$4.29	19.21 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.73	\$3.92	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.50	\$82.35	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.73	\$158.58	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.72	\$8.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.11	\$14.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$293.84	\$172.59	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$4.29	\$19.21	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Altamaha Healthcare Ctr. Prvdr ID: 00140027A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 30.43% Nurse Hours per On-Site Day/Quality Incentive: 3.09		N/A 30.43% 3.09	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.3866 Quarterly Medicaid CMI: 1.7129 Qtrtrly Mcaid CMI w RUG Wght Options: 1.7443			1.3866 1.7129 1.7443	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,840,870	\$1,466,906	\$0	\$300,252	\$322,251	\$0	\$557,640		\$193,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,036)	\$0	\$0	\$0	\$1,609	\$1,495	(\$10,764)		(\$27,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,887)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,450		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,118
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,856,515	\$1,466,906	\$0	\$300,252	\$323,860	\$1,495	\$530,989	\$41,450	\$166,445	\$25,118
8	Total Nursing Facility Days As Filed Days = 21,015	FY19 Audited C/R Days	21,015									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,352		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.29	\$69.80	\$0.00	\$14.29	\$15.48	(with L&H)	\$25.27	\$2.04	\$8.18	\$1.23
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3866								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	\$8.18	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	8.74 (FRV)	\$1.23
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.26	\$2.52	\$0.00	\$0.71	\$0.77	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.65	\$52.86	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7443								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.99	\$92.20	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.70	\$97.81	\$0.00	\$15.22	\$16.66	\$0.00	\$44.00	\$2.04	\$8.74	\$1.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth-Greenville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140038A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1955	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.2928	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3166	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,581,413	\$2,431,781	\$0	\$405,308	\$644,026	\$0	\$822,588		\$277,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$65,529)	(\$53,599)	\$0	\$0	\$2,852	(\$37,710)	\$69,173		(\$46,245)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$214,172)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$491,617		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,875
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,830,204	\$2,378,182	\$0	\$405,308	\$646,878	(\$37,710)	\$677,589	\$491,617	\$231,465	\$36,875
8	Total Nursing Facility Days As Filed Days = 33,934	FY19 Audited C/R Days	33,934									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,205		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.08	\$70.08	\$0.00	\$11.94	\$17.95	(with L&H)	\$19.97	\$19.50	\$9.18	\$1.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1955								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	\$9.18	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.49	\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	11.05 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.43	\$2.93	\$0.00	\$0.60	\$0.90	\$0.00	\$1.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.92	\$61.55	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3166								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.41	\$81.04	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.03	\$2.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.69	\$85.22	\$0.00	\$12.76	\$19.26	\$0.00	\$38.44	\$19.50	\$11.05	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Amara Healthcare & Rehab.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140049A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3601	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		37.29%	2.5%	Quarterly Medicaid CMI:			1.3258	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3466	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,409,834	\$3,586,154	\$0	\$520,660	\$746,147	\$0	\$1,132,732		\$424,141	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$380,616)	(\$43,077)	\$0	\$0	\$2,056	(\$4,796)	(\$327,822)		(\$6,977)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$126,936)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,593		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,265
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,055,140	\$3,543,077	\$0	\$520,660	\$748,203	(\$4,796)	\$677,974	\$137,593	\$417,164	\$15,265
8	Total Nursing Facility Days As Filed Days = 33,865	FY19 Audited C/R Days	33,865									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,327		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.09	\$104.62	\$0.00	\$15.37	\$21.95	(with L&H)	\$20.02	\$4.86	\$14.73	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3601								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	\$14.73	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	11.00 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.72	\$3.85	\$0.00	\$0.77	\$1.10	\$0.00	\$1.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.38	\$80.77	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3466								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.37	\$108.76	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.98	\$115.27	\$0.00	\$16.36	\$23.46	\$0.00	\$38.49	\$4.86	\$11.00	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Brentwood Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140071A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3692	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.62%	2.5%	Quarterly Medicaid CMI:			1.4424	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4680	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,507,792	\$3,058,748	\$0	\$507,999	\$507,455	\$0	\$892,211		\$541,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$41,345)	\$5,400	\$0	\$0	\$0	(\$8,171)	(\$12,592)		(\$25,982)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,535)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$108,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,594
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,546,861	\$3,064,148	\$0	\$507,999	\$507,455	(\$8,171)	\$825,084	\$108,355	\$515,397	\$26,594
8	Total Nursing Facility Days As Filed Days = 31,689	FY19 Audited C/R Days	31,689									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,496		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.78	\$96.69	\$0.00	\$16.03	\$15.76	(with L&H)	\$26.04	\$5.04	\$23.98	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	\$23.98	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.51	\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	11.78 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.42	\$3.53	\$0.00	\$0.80	\$0.79	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.93	\$74.15	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4680								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.63	\$108.85	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.25	\$115.37	\$0.00	\$17.05	\$16.96	\$0.00	\$44.81	\$5.04	\$11.78	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westminister Commons				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140082A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3283	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.65%	2.5%	Quarterly Medicaid CMI:			1.4594	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.59	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4832	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,058,247	\$2,397,509	\$0	\$385,535	\$546,299	\$0	\$997,002		\$731,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$101,519)	(\$11,004)	\$0	\$0	\$3,480	\$5,019	(\$18,402)		(\$80,612)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,032)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$178,652		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,078,105	\$2,386,505	\$0	\$385,535	\$549,779	\$5,019	\$845,568	\$178,652	\$651,290	\$75,757
8	Total Nursing Facility Days As Filed Days = 27,158	FY19 Audited C/R Days	27,158									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,120		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.70	\$87.87	\$0.00	\$14.20	\$20.43	(with L&H)	\$31.14	\$7.11	\$25.93	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3283								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.15	\$0.00	\$14.20	\$20.43		\$31.14	\$7.11	\$25.93	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.11	\$66.15	\$0.00	\$14.20	\$20.43		\$27.76	\$7.11	8.44 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.31	\$0.00	\$0.71	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.54	\$69.46	\$0.00	\$14.91	\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4832								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.10	\$103.02	\$0.00	\$14.91	\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.03	\$109.22	\$0.00	\$15.13	\$21.86	\$0.00	\$46.25	\$7.11	\$8.44	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Appling Nursing and Rehab Pavillion				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140093A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0466	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.43%	2.5%	Quarterly Medicaid CMI:			1.0856	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.29	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.0998	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,262,249	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,618,542		\$736,296	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$31,544)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,544)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$301,820)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$298,606		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,254,847	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,316,722	\$298,606	\$704,752	\$27,356
8	Total Nursing Facility Days As Filed Days = 36,707	FY19 Audited C/R Days	36,707									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.67	\$79.84	\$0.00	\$29.74	\$24.11	(with L&H)	\$35.87	\$8.72	\$20.59	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0466								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$29.74	\$24.11		\$35.87	\$8.72	\$20.59	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.66	\$76.28	\$0.00	\$29.74	\$24.11		\$27.76	\$8.72	29.25 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$3.81	\$0.00	\$1.49	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.56	\$80.09	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0998								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.55	\$88.08	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.77	\$92.57	\$0.00	\$31.45	\$25.73	\$0.00	\$46.25	\$8.72	\$29.25	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.25									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$239.74									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$166.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Ashburn, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140104A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5736	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.19%	2.5%	Quarterly Medicaid CMI:			1.7142	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.35	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7477	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY19 C/R - FY19 GL/PL Rpt	\$4,070,094	\$2,294,679	\$0	\$346,004	\$500,786	\$0	\$753,573		\$175,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,334)	(\$44,079)	\$0	\$0	(\$2,254)	(\$2,978)	\$3,398		(\$27,421)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$144,191)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$329,382		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,287
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,210,238	\$2,250,600	\$0	\$346,004	\$498,532	(\$2,978)	\$612,780	\$329,382	\$147,631	\$28,287
8	Total Nursing Facility Days As Filed Days = 22,456	FY19 Audited C/R Days	22,456									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,854		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.22	\$100.22	\$0.00	\$15.41	\$22.07	(with L&H)	\$27.29	\$15.79	\$7.08	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5736								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.69	\$0.00	\$15.41	\$22.07		\$27.29	\$15.79	\$7.08	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.21	\$63.69	\$0.00	\$15.41	\$22.07		\$27.29	\$15.79	10.60	\$1.36
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.41	\$3.18	\$0.00	\$0.77	\$1.10	\$0.00	\$1.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.62	\$66.87	\$0.00	\$16.18	\$23.17	\$0.00	\$28.65	\$15.79	\$10.60	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7477								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.62	\$116.87	\$0.00	\$16.18	\$23.17	\$0.00	\$28.65	\$15.79	\$10.60	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.51	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.35		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.04	\$6.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.45	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.66	\$123.83	\$0.00	\$16.40	\$23.58	\$0.00	\$46.10	\$15.79	\$10.60	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Brookhaven				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140115A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6831	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.89%	2.5%	Quarterly Medicaid CMI:			1.9677	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.56	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0047	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,003,557	\$6,110,832	\$0	\$951,928	\$1,114,912	\$0	\$1,920,596		\$905,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$173,314)	(\$147,928)	\$0	\$0	(\$2,336)	\$0	\$85,128		(\$108,178)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$296,911)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$682,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,329,599	\$5,962,904	\$0	\$951,928	\$1,112,576	\$0	\$1,708,813	\$682,989	\$797,111	\$113,278
8	Total Nursing Facility Days As Filed Days = 52,081	FY19 Audited C/R Days	52,081									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								45,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.86	\$114.49	\$0.00	\$18.28	\$21.36	(with L&H)	\$32.81	\$14.97	\$17.47	\$2.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6831								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.02	\$0.00	\$18.28	\$21.36		\$32.81	\$14.97	\$17.47	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.11	\$68.02	\$0.00	\$18.28	\$21.36		\$27.76	\$14.97	11.24 (FRV)	\$2.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.77	\$3.40	\$0.00	\$0.91	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.88	\$71.42	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0047								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.64	\$143.18	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.16	\$7.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.00	\$11.27	\$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	\$271.64	\$154.45	\$0.00	\$19.41	\$22.84	\$0.00	\$46.25	\$14.97	\$11.24	\$2.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Oaks of Athens, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140126A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6145	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.81%	1.0%	Quarterly Medicaid CMI:			1.5217	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.16	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5495	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$12,417,645	\$5,753,537	\$0	\$942,358	\$1,467,636	\$0	\$1,855,329		\$2,398,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$347,126)	(\$130,586)	\$0	\$0	(\$8,389)	(\$10,394)	\$123,619		(\$321,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$280,056)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$592,783		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$326,443
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,709,689	\$5,622,951	\$0	\$942,358	\$1,459,247	(\$10,394)	\$1,698,892	\$592,783	\$2,077,409	\$326,443
8	Total Nursing Facility Days As Filed Days = 46,439	FY19 Audited C/R Days	46,439									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,062		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$292.25	\$121.08	\$0.00	\$20.29	\$31.20	(with L&H)	\$36.58	\$16.44	\$57.61	\$9.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6145								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.99	\$0.00	\$20.29	\$31.20		\$36.58	\$16.44	\$57.61	\$9.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.62	\$74.99	\$0.00	\$20.29	\$25.85		\$27.76	\$16.44	29.24 (FRV)	\$9.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.75	\$0.00	\$1.01	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.06	\$78.74	\$0.00	\$21.30	\$27.14	\$0.00	\$29.15	\$16.44	\$29.24	\$9.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5495								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.33	\$122.01	\$0.00	\$21.30	\$27.14	\$0.00	\$29.15	\$16.44	\$29.24	\$9.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.41	\$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	\$277.06	\$127.42	\$0.00	\$21.52	\$27.14	\$0.00	\$46.25	\$16.44	\$29.24	\$9.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: East Lake Arbor Prvdr ID: 00140137A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<div>Add-on Data and Percentages</div> <div>Growth Allowance: N/A Qtrly BIMS score 34.67% Nurse Hours per On-Site Day/Quality Incentive: 3.54</div>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
						Base Period Overall CMI: 1.4000					1.4000	1.4759
						Quarterly Medicaid CMI: 1.8429					1.8429	1.4983
						Qtrly Mcaid CMI w RUG Wght Options: 1.8787					1.8787	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,351,471	\$1,394,282	\$0	\$248,711	\$235,712	\$0	\$415,517		\$57,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$22,304)	\$0	\$0	\$0	\$0	\$713	\$0		(\$23,017)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$83,621)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,564,416	\$1,394,282	\$0	\$248,711	\$235,712	\$713	\$331,896	\$239,559	\$34,232	\$79,311
8	Total Nursing Facility Days As Filed Days = 16,095	FY19 Audited C/R Days	16,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,744		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.67	\$86.63	\$0.00	\$15.45	\$14.69	(with L&H)	\$20.62	\$8.33	\$1.19	\$2.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	\$1.19	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.13	\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	10.40 (FRV)	\$2.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$3.09	\$0.00	\$0.77	\$0.73	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.75	\$64.97	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8787								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.84	\$122.06	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.34	\$7.24	\$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	\$222.18	\$129.30	\$0.00	\$16.44	\$15.83	\$0.00	\$39.12	\$8.33	\$10.40	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.81									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$230.78									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$160.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Autumn Breeze Health Care Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140159A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3867	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		37.33%	2.5%	Quarterly Medicaid CMI:			1.5192	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.57	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5495	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,134,557	\$2,350,357	\$0	\$478,747	\$537,028	\$0	\$836,360		\$932,065	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$70,460)	(\$1,910)	\$0	\$0	(\$1,084)	\$0	(\$19,894)		(\$47,572)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$75,483)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$156,834		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,196,716	\$2,348,447	\$0	\$478,747	\$535,944	\$0	\$740,983	\$156,834	\$884,493	\$51,268
8	Total Nursing Facility Days As Filed Days = 32,565	FY19 Audited C/R Days	32,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.23	\$72.12	\$0.00	\$14.70	\$16.46	(with L&H)	\$22.75	\$5.34	\$30.11	\$1.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3867								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.01	\$0.00	\$14.70	\$16.46		\$22.75	\$5.34	\$30.11	\$1.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.05	\$52.01	\$0.00	\$14.70	\$16.46		\$22.75	\$5.34	10.04 (FRV)	\$1.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.30	\$2.60	\$0.00	\$0.74	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.35	\$54.61	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5495								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.36	\$84.62	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.29	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.65	\$89.81	\$0.00	\$15.66	\$17.69	\$0.00	\$41.36	\$5.34	\$10.04	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.41									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.04									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$135.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: The Oaks of Carrollton Prvdr ID: 00140181A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 22.22% Nurse Hours per On-Site Day/Quality Incentive: 4.53		N/A 1.0% 5.0%	5.00% 1.0% 5.0%	Base Period Overall CMI: 1.5062 Quarterly Medicaid CMI: 1.3367 Qtrly Mcaid CMI w RUG Wght Options: 1.3570			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,196,133	\$1,558,689	\$0	\$249,640	\$433,014	\$0	\$563,501		\$391,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$59,064)	(\$26,480)	\$0	\$0	\$0	\$0	\$18,449		(\$51,033)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$79,883)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$181,684		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,295,528	\$1,532,209	\$0	\$249,640	\$433,014	\$0	\$502,067	\$181,684	\$340,256	\$56,658
8	Total Nursing Facility Days As Filed Days = 14,565	FY19 Audited C/R Days	14,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,841		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.40	\$105.20	\$0.00	\$17.14	\$29.73	(with L&H)	\$34.47	\$15.34	\$28.74	\$4.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5062								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.84	\$0.00	\$17.14	\$29.73		\$34.47	\$15.34	\$28.74	\$4.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.11	\$69.84	\$0.00	\$17.14	\$25.85		\$27.76	\$15.34	23.40 (FRV)	\$4.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.03	\$3.49	\$0.00	\$0.86	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.14	\$73.33	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3570								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.32	\$99.51	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$6.51	\$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	\$241.15	\$106.02	\$0.00	\$18.22	\$27.14	\$0.00	\$46.25	\$15.34	\$23.40	\$4.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.04									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$250.43									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$175.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

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Provider: Baptist Village, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140203A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3959	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.67%	2.5%	Quarterly Medicaid CMI:			1.5391	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5681	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$17,062,120	\$8,939,911	\$0	\$2,300,500	\$2,003,654	\$0	\$3,187,301		\$630,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$56,754)	\$0	\$0	\$0	\$0	\$0	\$0		(\$56,754)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$115,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,668		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,279
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$17,132,867	\$8,939,911	\$0	\$2,300,500	\$2,003,654	\$0	\$3,071,855	\$171,668	\$574,000	\$71,279
8	Total Nursing Facility Days As Filed Days = 80,306	FY19 Audited C/R Days	80,306									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								62,767		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.19	\$111.32	\$0.00	\$28.65	\$24.95	(with L&H)	\$38.25	\$2.74	\$9.14	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3959								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.75	\$0.00	\$28.65	\$24.95		\$38.25	\$2.74	\$9.14	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.40	\$79.75	\$0.00	\$22.66	\$24.95		\$27.76	\$2.74	19.40 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.76	\$3.99	\$0.00	\$1.13	\$1.25	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.16	\$83.74	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5681								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.73	\$131.31	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.16	\$7.75	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.89	\$139.06	\$0.00	\$23.79	\$26.61	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Oaks - Bethany (Vidalia) Prvdr ID: 00140258A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 30.77% Nurse Hours per On-Site Day/Quality Incentive: 3.87		N/A 30.77% 3.87	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4628 1.5578 1.5854	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,719,846	\$4,949,361	\$0	\$829,191	\$1,009,671	\$0	\$1,390,669		\$540,954	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$168,525)	(\$59,900)	\$0	\$0	(\$5,131)	(\$4,645)	\$23,703		(\$122,552)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$318,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$722,838		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$53,502
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,009,215	\$4,889,461	\$0	\$829,191	\$1,004,540	(\$4,645)	\$1,095,926	\$722,838	\$418,402	\$53,502
8	Total Nursing Facility Days As Filed Days = 55,997	FY19 Audited C/R Days	55,997									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,250		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.80	\$87.32	\$0.00	\$14.81	\$17.86	(with L&H)	\$19.57	\$18.90	\$10.94	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4628								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	\$10.94	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.50	\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	14.27 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.59	\$2.98	\$0.00	\$0.74	\$0.89	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$62.67	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5854								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.78	\$99.36	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.87	\$105.35	\$0.00	\$15.77	\$19.16	\$0.00	\$38.02	\$18.90	\$14.27	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Millen				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140269A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5948	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.08%	2.5%	Quarterly Medicaid CMI:			1.6432	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6730	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,922,225	\$2,720,140	\$0	\$474,115	\$532,730	\$0	\$884,673		\$310,567	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$61,002)	(\$52,641)	\$0	\$0	\$0	\$0	\$29,615		(\$37,976)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$194,143)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,605		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,706
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,391	\$2,667,499	\$0	\$474,115	\$532,730	\$0	\$720,145	\$437,605	\$272,591	\$33,706
8	Total Nursing Facility Days As Filed Days = 30,451	FY19 Audited C/R Days	30,451									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.50	\$87.60	\$0.00	\$15.57	\$17.49	(with L&H)	\$23.65	\$17.76	\$11.06	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	\$11.06	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.19	\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	14.42 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.58	\$2.75	\$0.00	\$0.78	\$0.87	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.77	\$57.68	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6730								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.59	\$96.50	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.49	\$103.30	\$0.00	\$16.57	\$18.77	\$0.00	\$42.30	\$17.76	\$14.42	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cumming Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140302A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6815	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		61.11%	5.5%	Quarterly Medicaid CMI:			1.4399	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4664	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,230,055	\$3,895,141	\$0	\$608,586	\$828,563	\$0	\$696,524		\$201,241	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,795)	\$0	\$0	\$0	(\$8,653)	(\$3,954)	(\$4,201)		(\$32,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$107,292)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,339,538	\$3,895,141	\$0	\$608,586	\$819,910	(\$3,954)	\$585,031	\$203,188	\$168,254	\$63,382
8	Total Nursing Facility Days As Filed Days = 28,755	FY19 Audited C/R Days	28,755									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.11	\$135.46	\$0.00	\$21.16	\$28.38	(with L&H)	\$20.35	\$10.17	\$8.42	\$3.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6815								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.56	\$0.00	\$21.16	\$28.38		\$20.35	\$10.17	\$8.42	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.89	\$80.56	\$0.00	\$21.16	\$25.85		\$20.35	\$10.17	11.63 (FRV)	\$3.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.40	\$4.03	\$0.00	\$1.06	\$1.29	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.29	\$84.59	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4664								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.74	\$124.04	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.82	\$6.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.76	\$11.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.50	\$135.11	\$0.00	\$22.44	\$27.14	\$0.00	\$38.84	\$10.17	\$11.63	\$3.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Riverside Healthcare Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140324A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3885	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.39%	2.5%	Quarterly Medicaid CMI:			1.5163	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5415	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,291,076	\$5,001,101	\$0	\$724,294	\$909,874	\$0	\$1,472,712		\$2,183,095	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$75,837)	\$0	\$0	\$0	\$0	\$0	(\$7,183)		(\$68,654)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,024)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$314,221		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,442,697	\$5,001,101	\$0	\$724,294	\$909,874	\$0	\$1,230,505	\$314,221	\$2,114,441	\$148,261
8	Total Nursing Facility Days As Filed Days = 53,792	FY19 Audited C/R Days	53,792									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,567		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.35	\$92.97	\$0.00	\$13.46	\$16.91	(with L&H)	\$22.88	\$7.94	\$53.44	\$3.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3885								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	\$53.44	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	9.94 (FRV)	\$3.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.01	\$3.35	\$0.00	\$0.67	\$0.85	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.85	\$70.31	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5415								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.92	\$108.38	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.51	\$114.87	\$0.00	\$14.35	\$18.17	\$0.00	\$41.49	\$7.94	\$9.94	\$3.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Riverside Health & Rheab of Thomaston Prvdr ID: 00140346A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.5347	1.4759
Qtrly BIMS score				27.08%	1.0%	Quarterly Medicaid CMI:					1.3110	1.4983
				3.07	6.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.3327	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,405,922	\$2,453,599	\$0	\$471,814	\$509,352	\$0	\$830,669		\$140,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$34,833)	\$0	\$0	\$0	\$0	(\$3,528)	(\$19,076)		(\$12,229)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,610)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$75,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,163
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,418,562	\$2,453,599	\$0	\$471,814	\$509,352	(\$3,528)	\$772,983	\$75,920	\$128,259	\$10,163
8	Total Nursing Facility Days As Filed Days = 24,495	FY19 Audited C/R Days	24,495									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$100.17	\$0.00	\$19.26	\$20.65	(with L&H)	\$31.56	\$3.75	\$6.34	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5347								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$19.26	\$20.65		\$31.56	\$3.75	\$6.34	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.04	\$65.27	\$0.00	\$19.26	\$20.65		\$27.76	\$3.75	11.85 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.64	\$3.26	\$0.00	\$0.96	\$1.03	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.68	\$68.53	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3327								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.48	\$91.33	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.13	\$98.25	\$0.00	\$20.44	\$22.09	\$0.00	\$46.25	\$3.75	\$11.85	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.52									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$206.86									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$142.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bonterra Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140357A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4346	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.28%	1.0%	Quarterly Medicaid CMI:			1.5461	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5737	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,903,806	\$3,168,945	\$0	\$580,292	\$625,646	\$0	\$1,372,986		\$1,155,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$153,131)	(\$78,356)	\$0	\$0	\$0	\$0	(\$5,214)		(\$69,561)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$174,420)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$222,663		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,857,377	\$3,090,589	\$0	\$580,292	\$625,646	\$0	\$1,193,352	\$222,663	\$1,086,376	\$58,459
8	Total Nursing Facility Days As Filed Days = 38,879	FY19 Audited C/R Days	38,879									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,165		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.02	\$79.49	\$0.00	\$14.93	\$16.09	(with L&H)	\$30.69	\$6.16	\$30.04	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4346								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.41	\$0.00	\$14.93	\$16.09		\$30.69	\$6.16	\$30.04	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$55.41	\$0.00	\$14.93	\$16.09		\$27.76	\$6.16	10.58 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.71	\$2.77	\$0.00	\$0.75	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.26	\$58.18	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5737								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.64	\$91.56	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$4.20	\$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	\$193.57	\$95.76	\$0.00	\$15.90	\$17.30	\$0.00	\$46.25	\$6.16	\$10.58	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Anderson Mill Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140379A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7130	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		27.38%	1.0%	Quarterly Medicaid CMI:			1.6828	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7123	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,096,305	\$4,669,531	\$0	\$719,308	\$737,619	\$0	\$2,443,543		\$2,526,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$128,074)	(\$50,204)	\$0	\$0	(\$3,729)	(\$1,206)	(\$9,662)		(\$63,273)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$736,373)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$72,317
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,404,175	\$4,619,327	\$0	\$719,308	\$733,890	(\$1,206)	\$1,697,508	\$100,000	\$2,463,031	\$72,317
8	Total Nursing Facility Days As Filed Days = 45,592	FY19 Audited C/R Days	45,592									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$236.02	\$101.32	\$0.00	\$15.78	\$16.07	(with L&H)	\$37.23	\$2.49	\$61.33	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7130								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$15.78	\$16.07		\$37.23	\$2.49	\$61.33	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.63	\$59.15	\$0.00	\$15.78	\$16.07		\$27.76	\$2.49	9.58 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$2.96	\$0.00	\$0.79	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.57	\$62.11	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7123								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.81	\$106.35	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.32	\$111.13	\$0.00	\$16.79	\$17.28	\$0.00	\$46.25	\$2.49	\$9.58	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Virginia Park				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140401A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5324	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.24%	2.5%	Quarterly Medicaid CMI:			1.6415	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6720	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$8,037,520	\$4,505,360	\$0	\$709,935	\$925,777	\$0	\$1,210,089		\$686,359	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$80,500)	(\$67,061)	\$0	\$0	\$10,260	\$17,524	\$21,448		(\$62,671)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$236,993)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$471,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,269,296	\$4,438,299	\$0	\$709,935	\$936,037	\$17,524	\$994,544	\$471,989	\$623,688	\$77,280
8	Total Nursing Facility Days As Filed Days = 40,703	FY19 Audited C/R Days	40,703									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.67	\$109.04	\$0.00	\$17.44	\$23.43	(with L&H)	\$24.43	\$13.01	\$17.19	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5324								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	\$17.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.19	\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	11.59 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.82	\$3.56	\$0.00	\$0.87	\$1.17	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.01	\$74.72	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6720								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.22	\$124.93	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.72	\$132.33	\$0.00	\$18.53	\$25.01	\$0.00	\$43.12	\$13.01	\$11.59	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Brightmoor Health Care, Inc. Prvdr ID: 00140412A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>		<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.67% Nurse Hours per On-Site Day/Quality Incentive: 3.21		N/A 2.5% 3.0%	5.00%	Base Period Overall CMI: 1.5354 Quarterly Medicaid CMI: 1.5420 Qtrly Mcaid CMI w RUG Wght Options: 1.5707		1.4759 1.4983 1.5246		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,655,765	\$4,835,421	\$0	\$1,156,218	\$1,505,520	\$0	\$1,195,391		\$963,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$88,929)	\$0	\$0	(\$26,848)	\$38,728	\$44,400	(\$13,803)		(\$131,406)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$132,628)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$251,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,825,247	\$4,835,421	\$0	\$1,129,370	\$1,544,248	\$44,400	\$1,048,960	\$251,170	\$831,809	\$139,869
8	Total Nursing Facility Days As Filed Days = 45,336	FY19 Audited C/R Days	45,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.60	\$106.66	\$0.00	\$24.91	\$35.04	(with L&H)	\$23.14	\$7.36	\$24.39	\$4.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5354								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.47	\$0.00	\$24.91	\$35.04		\$23.14	\$7.36	\$24.39	\$4.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.88	\$69.47	\$0.00	\$22.66	\$25.85		\$23.14	\$7.36	20.30 (FRV)	\$4.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.47	\$0.00	\$1.13	\$1.29	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.93	\$72.94	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5707								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.56	\$114.57	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.83	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.86	\$121.40	\$0.00	\$23.79	\$27.14	\$0.00	\$41.77	\$7.36	\$20.30	\$4.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.57									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$246.43									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$172.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Brown's Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140434A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4339	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		24.53%	1.0%	Quarterly Medicaid CMI:			1.6494	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6798	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$2,894,640	\$1,364,375	\$0	\$309,244	\$332,109	\$0	\$545,947		\$342,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,579)	\$0	\$0	\$0	(\$889)	\$0	(\$9,793)		(\$29,897)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,782)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,416		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,973
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,900,668	\$1,364,375	\$0	\$309,244	\$331,220	\$0	\$519,372	\$42,416	\$313,068	\$20,973
8	Total Nursing Facility Days As Filed Days = 21,241	FY19 Audited C/R Days	21,241									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,705		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.93	\$64.23	\$0.00	\$14.56	\$15.59	(with L&H)	\$24.45	\$2.15	\$15.89	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4339								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	\$15.89	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.74	\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	13.14 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.97	\$2.24	\$0.00	\$0.73	\$0.78	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.71	\$47.03	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6798								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.68	\$79.00	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.58	\$1.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.00	\$2.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.68	\$81.90	\$0.00	\$15.51	\$16.78	\$0.00	\$43.14	\$2.15	\$13.14	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Lanier				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140456A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5603	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5670	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5944	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,895,982	\$3,070,467	\$0	\$533,915	\$657,302	\$0	\$1,185,376		\$448,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$82,123)	(\$34,980)	\$0	\$0	(\$2,569)	(\$3,668)	\$2,006		(\$42,912)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$221,034)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$508,343		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,124
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,136,292	\$3,035,487	\$0	\$533,915	\$654,733	(\$3,668)	\$966,348	\$508,343	\$406,010	\$35,124
8	Total Nursing Facility Days As Filed Days = 32,400	FY19 Audited C/R Days	32,400									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,629		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.98	\$93.69	\$0.00	\$16.48	\$20.09	(with L&H)	\$29.83	\$23.50	\$18.77	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.48	\$20.09		\$29.83	\$23.50	\$18.77	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.81	\$60.05	\$0.00	\$16.48	\$20.09		\$27.76	\$23.50	8.31 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.00	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.02	\$63.05	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5944								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.50	\$100.53	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.28	\$105.58	\$0.00	\$17.52	\$21.50	\$0.00	\$46.25	\$23.50	\$8.31	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Church Home Rehab & Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140467A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5216	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.5167	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.24	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5451	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,497,305	\$2,304,723	\$0	\$627,727	\$474,967	\$0	\$705,022		\$384,866	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$21,319)	\$0	\$0	\$0	\$0	\$774	\$1,556		(\$23,649)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$20,270)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$30,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,408
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,500,940	\$2,304,723	\$0	\$627,727	\$474,967	\$774	\$686,308	\$30,816	\$361,217	\$14,408
8	Total Nursing Facility Days As Filed Days = 26,016	FY19 Audited C/R Days	26,016									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,474		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.32	\$88.59	\$0.00	\$24.13	\$18.29	(with L&H)	\$26.38	\$1.44	\$16.82	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5216								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.22	\$0.00	\$24.13	\$18.29		\$26.38	\$1.44	\$16.82	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.54	\$58.22	\$0.00	\$22.66	\$18.29		\$26.38	\$1.44	26.88 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$2.91	\$0.00	\$1.13	\$0.91	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.81	\$61.13	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5451								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.13	\$94.45	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.68	\$101.12	\$0.00	\$23.79	\$19.61	\$0.00	\$45.17	\$1.44	\$26.88	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Calhoun Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140478A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6173	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.7880	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8229	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,894,065	\$2,403,670	\$0	\$398,458	\$408,854	\$0	\$511,553		\$171,530	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$16,098)	\$25,608	\$0	\$0	\$0	\$0	(\$25,608)		(\$16,098)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$89,001)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$120,321		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,784
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,930,071	\$2,429,278	\$0	\$398,458	\$408,854	\$0	\$396,944	\$120,321	\$155,432	\$20,784
8	Total Nursing Facility Days As Filed Days = 21,499	FY19 Audited C/R Days	21,499									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,676		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.08	\$112.99	\$0.00	\$18.53	\$19.02	(with L&H)	\$18.46	\$6.12	\$7.90	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6173								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	\$7.90	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.75	\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	12.70 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.49	\$0.00	\$0.93	\$0.95	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.04	\$73.35	\$0.00	\$19.46	\$19.97	\$0.00	\$19.38	\$6.12	\$12.70	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8229								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.40	\$133.71	\$0.00	\$19.46	\$19.97	\$0.00	\$19.38	\$6.12	\$12.70	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.98	\$7.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.38	\$141.59	\$0.00	\$19.68	\$20.38	\$0.00	\$36.85	\$6.12	\$12.70	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Canton Nursing Center, Inc. Prvdr ID: 00140511A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 56.67% Nurse Hours per On-Site Day/Quality Incentive: 2.91		N/A 5.5% 3.0%	5.00%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.4649 1.1844 1.1988	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,914,998	\$3,179,363	\$0	\$619,756	\$919,467	\$0	\$1,075,985		\$120,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$37,165	\$0	\$0	\$0	\$0	\$2,939	\$79,422		(\$45,196)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$90,669)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$114,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,708
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,027,922	\$3,179,363	\$0	\$619,756	\$919,467	\$2,939	\$1,064,738	\$114,720	\$75,231	\$51,708
8	Total Nursing Facility Days As Filed Days = 30,871	FY19 Audited C/R Days	30,871									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,879		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.43	\$102.99	\$0.00	\$20.08	\$29.88	(with L&H)	\$34.49	\$4.27	\$2.80	\$1.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4649								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$20.08	\$29.88		\$34.49	\$4.27	\$2.80	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.66	\$70.31	\$0.00	\$20.08	\$25.85		\$27.76	\$4.27	12.47 (FRV)	\$1.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.20	\$3.52	\$0.00	\$1.00	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.86	\$73.83	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1988								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.54	\$88.51	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.87	\$4.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.38	\$8.06	\$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	\$209.92	\$96.57	\$0.00	\$21.30	\$27.14	\$0.00	\$46.25	\$4.27	\$12.47	\$1.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: University Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140533A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4735	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		11.39%	0.0%	Quarterly Medicaid CMI:			1.4877	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.86	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5137	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,654,940	\$3,397,770	\$0	\$668,124	\$682,150	\$0	\$1,142,740		\$764,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$60,537)	\$0	\$0	\$0	\$0	\$0	(\$11,676)		(\$48,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,651,009	\$3,397,770	\$0	\$668,124	\$682,150	\$0	\$1,120,077	\$12,462	\$715,295	\$55,131
8	Total Nursing Facility Days As Filed Days = 34,717	FY19 Audited C/R Days	34,717									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,853		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.39	\$97.87	\$0.00	\$19.24	\$19.65	(with L&H)	\$32.26	\$0.40	\$23.18	\$1.79
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4735								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.42	\$0.00	\$19.24	\$19.65		\$32.26	\$0.40	\$23.18	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$66.42	\$0.00	\$19.24	\$19.65		\$27.76	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.65	\$3.32	\$0.00	\$0.96	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.92	\$69.74	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5137								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.75	\$105.57	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.43	\$3.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.18	\$109.27	\$0.00	\$20.42	\$21.04	\$0.00	\$46.25	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.56									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.53									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cedar Springs Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140544A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4458	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		22.73%	1.0%	Quarterly Medicaid CMI:			1.6957	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7280	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,245,071	\$2,055,653	\$0	\$384,914	\$477,942	\$0	\$815,909		\$510,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$56,714)	(\$23,901)	\$0	\$1,146	\$1,633	(\$6,610)	(\$1,551)		(\$27,431)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$139,859)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$180,735		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,710
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,295,943	\$2,031,752	\$0	\$386,060	\$479,575	(\$6,610)	\$674,499	\$180,735	\$483,222	\$66,710
8	Total Nursing Facility Days As Filed Days = 22,070	FY19 Audited C/R Days	22,070									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,199		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.69	\$92.06	\$0.00	\$17.49	\$21.43	(with L&H)	\$30.56	\$9.93	\$26.55	\$3.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4458								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.68	\$0.00	\$17.49	\$21.43		\$30.56	\$9.93	\$26.55	\$3.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.79	\$63.68	\$0.00	\$17.49	\$21.43		\$27.76	\$9.93	8.83 (FRV)	\$3.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.51	\$3.18	\$0.00	\$0.87	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.30	\$66.86	\$0.00	\$18.36	\$22.50	\$0.00	\$29.15	\$9.93	\$8.83	\$3.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7280								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.97	\$115.53	\$0.00	\$18.36	\$22.50	\$0.00	\$29.15	\$9.93	\$8.83	\$3.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.86	\$120.69	\$0.00	\$18.58	\$22.91	\$0.00	\$46.25	\$9.93	\$8.83	\$3.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Calhoun Health Care Center Prvdr ID: 00140577A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.81% Nurse Hours per On-Site Day/Quality Incentive: 2.89		<u>Facility Score</u> N/A 38.81% 2.89	<u>Add-on Percent</u> 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3848 Quarterly Medicaid CMI: 1.6990 Qtrly Mcaid CMI w RUG Wght Options: 1.7324			<u>Facility Specific</u> 1.3848 1.6990 1.7324	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$2,157,847	\$1,076,971	\$0	\$233,843	\$263,141	\$0	\$520,081		\$63,811	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$8,641)	\$0	\$0	\$0	\$818	\$0	\$0		(\$9,459)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$81,187)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$158,470		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$76,738
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,303,227	\$1,076,971	\$0	\$233,843	\$263,959	\$0	\$438,894	\$158,470	\$54,352	\$76,738
8	Total Nursing Facility Days As Filed Days = 14,207	FY19 Audited C/R Days	14,207									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.76	\$75.81	\$0.00	\$16.46	\$18.58	(with L&H)	\$30.89	\$6.03	\$2.07	\$2.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3848								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.75	\$0.00	\$16.46	\$18.58		\$30.89	\$6.03	\$2.07	\$2.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.82	\$54.75	\$0.00	\$16.46	\$18.58		\$27.76	\$6.03	9.32 (FRV)	\$2.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.88	\$2.74	\$0.00	\$0.82	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.70	\$57.49	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7324								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.81	\$99.60	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.55	\$104.61	\$0.00	\$17.50	\$19.92	\$0.00	\$46.25	\$6.03	\$9.32	\$2.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Camellia Hlth & Rehab				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140588A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4026	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score			47.62%	5.5%	Quarterly Medicaid CMI:			1.7073	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:			3.12	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7383	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,851,774	\$2,076,083	\$0	\$430,910	\$468,610	\$0	\$669,423		\$206,748	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$30,634)	\$1,500	\$0	\$0	\$1,371	(\$2,157)	(\$9,522)		(\$21,826)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,381)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,454			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,268	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,890,481	\$2,077,583	\$0	\$430,910	\$469,981	(\$2,157)	\$596,520	\$110,454	\$184,922	\$22,268	
8	Total Nursing Facility Days As Filed Days = 23,977	FY19 Audited C/R Days	23,977										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,340			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.45	\$86.65	\$0.00	\$17.97	\$19.51	(with L&H)	\$24.88	\$6.76	\$11.32	\$1.36	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4026									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	\$11.32	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.19	\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	9.93 (FRV)	\$1.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.09	\$0.00	\$0.90	\$0.98	\$0.00	\$1.24	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.40	\$64.87	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7383									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.29	\$112.76	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.20	\$6.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.38	\$121.75	\$0.00	\$19.09	\$20.90	\$0.00	\$43.59	\$6.76	\$9.93	\$1.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.71										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Fort Gaines Healthcare, LLC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140599A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7914	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.24%	2.5%	Quarterly Medicaid CMI:			2.0023	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.77	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0405	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,974,520	\$1,300,981	\$0	\$359,258	\$373,118	\$0	\$630,572		\$310,591	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$36,558)	(\$1,293)	\$0	\$0	\$0	(\$949)	\$0		(\$34,316)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,449)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$22,250		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,998,494	\$1,299,688	\$0	\$359,258	\$373,118	(\$949)	\$615,123	\$22,250	\$276,275	\$53,731
8	Total Nursing Facility Days As Filed Days = 18,243	FY19 Audited C/R Days	18,243									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,093		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.65	\$71.24	\$0.00	\$19.69	\$20.40	(with L&H)	\$33.72	\$1.30	\$16.16	\$3.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7914								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.77	\$0.00	\$19.69	\$20.40		\$33.72	\$1.30	\$16.16	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.92	\$39.77	\$0.00	\$19.69	\$20.40		\$27.76	\$1.30	23.86 (FRV)	\$3.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.38	\$1.99	\$0.00	\$0.98	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.30	\$41.76	\$0.00	\$20.67	\$21.42	\$0.00	\$29.15	\$1.30	\$23.86	\$3.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0405								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.75	\$85.21	\$0.00	\$20.67	\$21.42	\$0.00	\$29.15	\$1.30	\$23.86	\$3.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.55	\$91.28	\$0.00	\$20.89	\$21.83	\$0.00	\$46.25	\$1.30	\$23.86	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Harborview Health Systems - Thomaston</div> <div>Prvdr ID: 00140621A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.4880	1.4759
Qtrly BIMS score				18.67%	0.0%	Quarterly Medicaid CMI:					1.7181	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.7504	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,830,256	\$2,908,386	\$0	\$525,579	\$527,169	\$0	\$976,549		\$892,573	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$58,719)	\$0	\$0	\$0	(\$4,076)	(\$9,745)	(\$10,750)		(\$34,148)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,252)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$134,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,604
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,949,873	\$2,908,386	\$0	\$525,579	\$523,093	(\$9,745)	\$902,547	\$134,984	\$858,425	\$106,604
8	Total Nursing Facility Days As Filed Days = 39,331	FY19 Audited C/R Days	39,331									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.78	\$73.95	\$0.00	\$13.36	\$13.05	(with L&H)	\$22.95	\$3.62	\$22.99	\$2.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4880								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	\$22.99	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.74	\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	9.20 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.96	\$2.49	\$0.00	\$0.67	\$0.65	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.70	\$52.19	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7504								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.86	\$91.35	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.32	\$93.71	\$0.00	\$14.25	\$14.11	\$0.00	\$41.57	\$3.62	\$9.20	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.67									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$188.95									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$128.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Brian Center of Canton				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140643A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5782	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.17%	1.0%	Quarterly Medicaid CMI:			1.7297	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7616	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,199,130	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,225,045		\$1,494,098	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$44,814)	\$0	\$0	\$0	\$0	\$0	\$0		(\$44,814)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,872)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$106,243		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,336
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,280,023	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,184,173	\$106,243	\$1,449,284	\$60,336
8	Total Nursing Facility Days As Filed Days = 34,437	FY19 Audited C/R Days	34,437									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.84	\$100.15	\$0.00	\$14.11	\$15.83	(with L&H)	\$34.39	\$3.57	\$48.76	\$2.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5782								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.46	\$0.00	\$14.11	\$15.83		\$34.39	\$3.57	\$48.76	\$2.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.86	\$63.46	\$0.00	\$14.11	\$15.83		\$27.76	\$3.57	14.10 (FRV)	\$2.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.17	\$0.00	\$0.71	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.92	\$66.63	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7616								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.67	\$117.38	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.62	\$122.60	\$0.00	\$15.04	\$17.03	\$0.00	\$46.25	\$3.57	\$14.10	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: College Park Health Care Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140654A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3921	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.82%	2.5%	Quarterly Medicaid CMI:			1.4609	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.59	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4890	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,624,262	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$719,606		\$712,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$63,727)	\$0	\$0	\$0	\$0	\$0	(\$11,437)		(\$52,290)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,707)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$81,875
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,604,703	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$670,462	\$0	\$660,198	\$81,875
8	Total Nursing Facility Days As Filed Days = 30,253	FY19 Audited C/R Days	30,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,762		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.41	\$71.53	\$0.00	\$17.25	\$16.74	(with L&H)	\$22.16	\$0.00	\$23.78	\$2.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3921								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	\$23.78	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.11	\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	8.63 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.38	\$2.57	\$0.00	\$0.86	\$0.84	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.49	\$53.95	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4890								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.87	\$80.33	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.92	\$85.28	\$0.00	\$18.33	\$17.99	\$0.00	\$40.74	\$0.00	\$8.63	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.62									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$183.06									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$124.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Life Care Center, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140665A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3984	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.49%	2.5%	Quarterly Medicaid CMI:			1.3553	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3794	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,329,979	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$801,432		\$607,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,871)	\$0	\$0	\$0	\$0	\$0	(\$18,553)		(\$73,318)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,608)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,222		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,365,250	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$739,271	\$94,222	\$534,422	\$76,528
8	Total Nursing Facility Days As Filed Days = 40,208	FY19 Audited C/R Days	40,208									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.72	\$69.50	\$0.00	\$11.46	\$16.55	(with L&H)	\$18.39	\$2.65	\$15.02	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3984								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	\$15.02	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.83	\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	14.93 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.81	\$2.49	\$0.00	\$0.57	\$0.83	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.64	\$52.19	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3794								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.44	\$71.99	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.03	\$76.48	\$0.00	\$12.25	\$17.79	\$0.00	\$36.78	\$2.65	\$14.93	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Eastside				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140687A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3851	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.1996	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.24	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2168	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,653,857	\$2,624,838	\$0	\$411,085	\$584,639	\$0	\$792,451		\$240,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$83,422)	(\$39,400)	\$0	\$0	\$0	\$0	\$3,692		(\$47,714)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$170,600)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,257		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,971
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,841,063	\$2,585,438	\$0	\$411,085	\$584,639	\$0	\$625,543	\$390,257	\$193,130	\$50,971
8	Total Nursing Facility Days As Filed Days = 26,237	FY19 Audited C/R Days	26,237									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.81	\$98.54	\$0.00	\$15.67	\$22.28	(with L&H)	\$23.84	\$13.83	\$6.84	\$1.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	\$6.84	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.14	\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	12.57 (FRV)	\$1.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.64	\$3.56	\$0.00	\$0.78	\$1.11	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.78	\$74.70	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2168								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.97	\$90.89	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.15	\$95.97	\$0.00	\$16.67	\$23.80	\$0.00	\$42.50	\$13.83	\$12.57	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.54									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.75									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.99									

FISCAL YEAR ENDING JUNE 30, 2019 with Audited 2021 P&R and T&I

[illegible]

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Rome Health and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140753A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6948	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.58%	1.0%	Quarterly Medicaid CMI:			1.7547	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7857	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,070,560	\$2,989,431	\$0	\$520,497	\$513,355	\$0	\$1,064,693		\$1,982,584	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,776)	(\$4,087)	\$0	\$0	\$0	\$0	\$0		(\$40,689)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,567)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,219		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,424
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,047,860	\$2,985,344	\$0	\$520,497	\$513,355	\$0	\$1,061,126	\$4,219	\$1,941,895	\$21,424
8	Total Nursing Facility Days As Filed Days = 31,365	FY19 Audited C/R Days	31,365									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$236.88	\$95.18	\$0.00	\$16.59	\$16.37	(with L&H)	\$33.83	\$0.16	\$73.93	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.16	\$0.00	\$16.59	\$16.37		\$33.83	\$0.16	\$73.93	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$56.16	\$0.00	\$16.59	\$16.37		\$27.76	\$0.16	14.64 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.81	\$0.00	\$0.83	\$0.82	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.35	\$58.97	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7857								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.68	\$105.30	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$4.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.15	\$110.04	\$0.00	\$17.64	\$17.60	\$0.00	\$46.25	\$0.16	\$14.64	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Crestwood Prvdr ID: 00140764A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 47.62% Nurse Hours per On-Site Day/Quality Incentive: 3.70		N/A 47.62% 3.70	5.00% 5.5% 5.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5217 1.3948 1.4188	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,156,951	\$2,283,442	\$0	\$406,223	\$518,911	\$0	\$725,934		\$222,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance)	FY19 C/R Audit Adjstmnts As Adjusted FY19 GL/PL Rpt As Adjusted FY21 GL/PL Rpt As Adjusted FY21 C/R	(\$42,581)	(\$17,476)	\$0	\$0	\$0	\$0	\$5,750 (\$150,337)		(\$30,855)	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,337,253	\$2,265,966	\$0	\$406,223	\$518,911	\$0	\$581,347	\$343,220	\$191,586	\$30,000
8	Total Nursing Facility Days As Filed Days = 26,057 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	26,057							21,669		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.83	\$86.96	\$0.00	\$15.59	\$19.91	(with L&H)	\$22.31	\$15.84	\$8.84	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5217								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	\$8.84	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	10.16 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.86	\$0.00	\$0.78	\$1.00	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.09	\$60.00	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4188								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.22	\$85.13	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.57	\$9.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.79	\$94.60	\$0.00	\$16.59	\$21.32	\$0.00	\$40.90	\$15.84	\$10.16	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.77									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$202.31									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$138.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gateway Health and Rehab Center Prvdr ID: 00140786A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.03% Nurse Hours per On-Site Day/Quality Incentive: 3.60			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3388 Quarterly Medicaid CMI: 1.8560 Qtrly Mcaid CMI w RUG Wght Options: 1.8931			Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,426,678	\$1,818,396	\$0	\$328,099	\$409,346	\$0	\$609,960		\$260,877	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$9,694)	(\$2,200)	\$0	\$0	(\$2,632)	(\$2,749)	\$10,965		(\$13,078)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$74,329)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$93,373		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,442
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,447,470	\$1,816,196	\$0	\$328,099	\$406,714	(\$2,749)	\$546,596	\$93,373	\$247,799	\$11,442
8	Total Nursing Facility Days As Filed Days = 20,320	FY19 Audited C/R Days	20,320									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.49	\$89.38	\$0.00	\$16.15	\$19.88	(with L&H)	\$26.90	\$6.14	\$16.29	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.76	\$0.00	\$16.15	\$19.88		\$26.90	\$6.14	\$16.29	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.33	\$66.76	\$0.00	\$16.15	\$19.88		\$26.90	\$6.14	7.75 (FRV)	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.49	\$3.34	\$0.00	\$0.81	\$0.99	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.82	\$70.10	\$0.00	\$16.96	\$20.87	\$0.00	\$28.25	\$6.14	\$7.75	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8931								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.43	\$132.71	\$0.00	\$16.96	\$20.87	\$0.00	\$28.25	\$6.14	\$7.75	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.37	\$138.55	\$0.00	\$17.18	\$21.28	\$0.00	\$45.72	\$6.14	\$7.75	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Dawson Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140808A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4187	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		45.45%	5.5%	Quarterly Medicaid CMI:			1.4592	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4835	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,963,276	\$2,025,061	\$0	\$457,735	\$442,716	\$0	\$673,870		\$363,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$33,330)	\$0	\$0	\$0	\$0	(\$3,368)	(\$9,362)		(\$20,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$39,260)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$77,797		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,550
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,993,033	\$2,025,061	\$0	\$457,735	\$442,716	(\$3,368)	\$625,248	\$77,797	\$343,294	\$24,550
8	Total Nursing Facility Days As Filed Days = 23,506	FY19 Audited C/R Days	23,506									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.18	\$86.15	\$0.00	\$19.47	\$18.69	(with L&H)	\$26.60	\$4.41	\$19.47	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4187								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	\$19.47	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.63	\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	10.34 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$3.04	\$0.00	\$0.97	\$0.93	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.90	\$63.77	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4835								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.73	\$94.60	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.40	\$103.17	\$0.00	\$20.66	\$20.03	\$0.00	\$45.40	\$4.41	\$10.34	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Carrollton Manor, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140852A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4751	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		42.25%	2.5%	Quarterly Medicaid CMI:			1.5949	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6238	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,171,887	\$2,940,665	\$0	\$675,995	\$593,631	\$0	\$712,101		\$249,495	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,752)	(\$12,648)	\$0	\$0	\$0	\$0	\$9,767		(\$51,871)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$107,328)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$180,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,120
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,251,114	\$2,928,017	\$0	\$675,995	\$593,631	\$0	\$614,540	\$180,187	\$197,624	\$61,120
8	Total Nursing Facility Days As Filed Days = 34,114	FY19 Audited C/R Days	34,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,737		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.83	\$85.83	\$0.00	\$19.82	\$17.40	(with L&H)	\$18.01	\$6.06	\$6.65	\$2.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	\$6.65	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.70	\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	12.16 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.67	\$2.91	\$0.00	\$0.99	\$0.87	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.37	\$61.10	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6238								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.48	\$99.21	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.57	\$104.20	\$0.00	\$21.03	\$18.68	\$0.00	\$36.38	\$6.06	\$12.16	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Early Memorial Nursing Home Prvdr ID: 00140874A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 12.31% Nurse Hours per On-Site Day/Quality Incentive: 3.76		5.00% 0.0% 3.0%	Base Period Overall CMI: 1.0753 Quarterly Medicaid CMI: 1.1471 Qtrly Mcaid CMI w RUG Wght Options: 1.1618			1.4759 1.4983 1.5246		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,449,537	\$2,161,546	\$0	\$903,091	\$136,306	\$145,639	\$738,942		\$364,013	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$2,858)	(\$112,270)	\$0	(\$89,814)	(\$1,820)	\$0	\$89,467		\$111,579	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$46,907		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,493,586	\$2,049,276	\$0	\$813,277	\$134,486	\$145,639	\$828,409	\$46,907	\$475,592	\$0
8	Total Nursing Facility Days As Filed Days = 33,013	FY19 Audited C/R Days	33,013									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,597		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.82	\$62.07	\$0.00	\$24.64	\$8.49	(with L&H)	\$25.09	\$1.48	\$15.05	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.0753								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	\$15.05	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.02	\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	10.60 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.89	\$0.00	\$1.23	\$0.42	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.81	\$60.61	\$0.00	\$25.87	\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1618								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.62	\$70.42	\$0.00	\$25.87	\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.74	\$2.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.36	\$73.06	\$0.00	\$26.09	\$9.32	\$0.00	\$43.81	\$1.48	\$10.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.45									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$206.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$142.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Eastview Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140885A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5544	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.00%	5.5%	Quarterly Medicaid CMI:			1.5916	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6223	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,686,743	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$610,957		\$88,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$71,411)	\$0	\$0	\$0	\$0	\$0	(\$19,110)		(\$52,301)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$91,210)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,629		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,670,258	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$500,637	\$95,629	\$36,136	\$50,507
8	Total Nursing Facility Days As Filed Days = 26,493	FY19 Audited C/R Days	26,493									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.29	\$76.86	\$0.00	\$16.73	\$19.17	(with L&H)	\$18.90	\$5.05	\$1.91	\$2.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5544								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	\$1.91	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.94	\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	8.97 (FRV)	\$2.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.22	\$2.47	\$0.00	\$0.84	\$0.96	\$0.00	\$0.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.16	\$51.92	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6223								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.47	\$84.23	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.63	\$4.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.26	\$91.92	\$0.00	\$17.79	\$20.54	\$0.00	\$37.32	\$5.05	\$8.97	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Effingham Extended Care Facility				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140907A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2717	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.51%	2.5%	Quarterly Medicaid CMI:			1.2740	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.50	7.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2923	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,111,585	\$5,160,534	\$0	\$1,097,806	\$645,445	\$913,070	\$1,413,692		\$881,038	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,424)	\$0	\$0	\$0	\$0	\$0	\$0		(\$60,424)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,014)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,598
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,948,789	\$5,160,534	\$0	\$1,097,806	\$645,445	\$913,070	\$1,280,678	\$44	\$820,614	\$30,598
8	Total Nursing Facility Days As Filed Days = 35,051	FY19 Audited C/R Days	35,051									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,205		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$285.98	\$147.23	\$0.00	\$31.32	\$44.46	(with L&H)	\$36.54	\$0.00	\$25.48	\$0.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2717								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.78	\$0.00	\$31.32	\$44.46		\$36.54	\$0.00	\$25.48	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.67	\$84.91	\$0.00	\$31.32	\$25.85		\$27.76	\$0.00	11.88 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$89.16	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2923								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.23	\$115.22	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.07	\$8.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.50	\$126.17	\$0.00	\$33.11	\$27.14	\$0.00	\$46.25	\$0.00	\$11.88	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.30									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southern Pines Nursing Home Prvdr ID: 00140918A H/B ?: No				Add-on Data and Percentages Growth Allowance:		Facility Score: N/A	Add-on Percent: 5.00%	Case Mix Index (CMI) Data Base Period Overall CMI:			Facility Specific: 1.7362	State-wide: 1.4759
Case Mix Per Diem Rate Effective Date: 07/01/21 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		BIMS: 47.4%	5.5%	Quarterly Medicaid CMI:			1.8085	1.5462
						4.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8447	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) <u>Allowed @ 95% of Std</u> Growth Allowance 5.0% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvcs Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2019 Peer Group Limit												
\$195.24 \$7.66 \$208.54 \$278.63 \$8.59 \$4.69 \$17.10 \$30.38												
\$84.91 \$80.66 \$4.03 \$84.69 1.8447 \$156.23 \$156.23 \$8.59 \$4.69 \$17.10 \$30.38												
All Facilities All Bed Sizes 90.0% 100.0% \$0.53 90.0% 100.0% \$0.00 90.0% 100.0% \$0.22 85.0% 100.0% \$0.41 50.0% 105.0% \$0.37 \$92,553 16,384 \$27.76 \$26.37 \$1.32 \$27.69 \$5.65 \$27.69 4.19 \$36.42 \$36.42 \$36.42 (FRV Rate) \$36.42 \$5.70 \$5.70 \$5.70 \$5.70												
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
\$309.01 \$218.93 \$169.51 \$22.61 \$25.79 \$44.79 \$4.19 \$36.42 \$5.70												

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Emanuel Medical Center Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140929A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2469	1.4759
				Qtrly BIMS score		43.33%	2.5%	Quarterly Medicaid CMI:			1.2482	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		4.85	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2677	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,670,730	\$1,838,025	\$0	\$531,928	\$300,503	\$230,402	\$561,660		\$208,212	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$1,090)	\$0	\$0	\$0	\$0	\$0	\$0		(\$1,090)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$11,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,902		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,665,096	\$1,838,025	\$0	\$531,928	\$300,503	\$230,402	\$550,214	\$6,902	\$207,122	\$0
8	Total Nursing Facility Days As Filed Days = 16,900	FY19 Audited C/R Days	16,900									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,428		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.14	\$108.76	\$0.00	\$31.48	\$31.41	(with L&H)	\$32.56	\$0.51	\$15.42	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2469								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.23	\$0.00	\$31.48	\$31.41		\$32.56	\$0.51	\$15.42	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$31.48	\$25.85		\$27.76	\$0.51	16.69 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.70	\$89.16	\$0.00	\$33.05	\$27.14	\$0.00	\$29.15	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2677								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.57	\$113.03	\$0.00	\$33.05	\$27.14	\$0.00	\$29.15	\$0.51	\$16.69	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$6.22	\$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	\$243.11	\$119.25	\$0.00	\$33.27	\$27.14	\$0.00	\$46.25	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Blue Ridge, LLC Prvdr ID: 00140973A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 62.26% Nurse Hours per On-Site Day/Quality Incentive: 3.50		N/A 5.5% 2.0%	5.00%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.3381 1.3913 1.4147	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,715,987	\$3,185,249	\$0	\$492,475	\$786,205	\$0	\$932,536		\$319,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$27,436)	(\$30,670)	\$0	\$0	\$8,359	\$10,648	\$17,151		(\$32,924)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$191,593)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$438,859		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,586
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,968,403	\$3,154,579	\$0	\$492,475	\$794,564	\$10,648	\$758,094	\$438,859	\$286,598	\$32,586
8	Total Nursing Facility Days As Filed Days = 30,898	FY19 Audited C/R Days	30,898									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,881		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.77	\$102.10	\$0.00	\$15.94	\$26.06	(with L&H)	\$24.54	\$19.18	\$12.53	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3381								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$15.94	\$26.06		\$24.54	\$19.18	\$12.53	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$76.30	\$0.00	\$15.94	\$25.85		\$24.54	\$19.18	9.72 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.14	\$3.82	\$0.00	\$0.80	\$1.29	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.09	\$80.12	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4147								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.32	\$113.35	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.23	\$6.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.72	\$9.03	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.04	\$122.38	\$0.00	\$16.96	\$27.14	\$0.00	\$43.24	\$19.18	\$9.72	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Fifth Avenue Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140984A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3970	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.48%	2.5%	Quarterly Medicaid CMI:			1.8629	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8991	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,588,986	\$2,958,221	\$0	\$554,447	\$679,397	\$0	\$810,410		\$586,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$4,719)	\$59,908	\$0	\$0	\$0	\$0	(\$36,624)		(\$28,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,336)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,634,559	\$3,018,129	\$0	\$554,447	\$679,397	\$0	\$652,450	\$155,807	\$558,508	\$15,821
8	Total Nursing Facility Days As Filed Days = 32,882	FY19 Audited C/R Days	32,882									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,771		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.63	\$91.79	\$0.00	\$16.86	\$20.66	(with L&H)	\$19.84	\$6.29	\$22.55	\$0.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3970								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	\$22.55	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.54	\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	11.54 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15	\$3.29	\$0.00	\$0.84	\$1.03	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.69	\$69.00	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8991								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.73	\$131.04	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.84	\$7.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.57	\$138.78	\$0.00	\$17.92	\$22.10	\$0.00	\$38.30	\$6.29	\$11.54	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Fitzgerald				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140995A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5265	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		11.86%	0.0%	Quarterly Medicaid CMI:			1.3027	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3265	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,966,856	\$1,926,671	\$0	\$346,642	\$530,045	\$0	\$846,506		\$316,992	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,413)	(\$27,360)	\$0	\$0	\$0	\$0	\$10,003		(\$23,056)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,110)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$337,481		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,140,892	\$1,899,311	\$0	\$346,642	\$530,045	\$0	\$708,399	\$337,481	\$293,936	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,700	FY19 Audited C/R Days	22,700									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.47	\$83.67	\$0.00	\$15.27	\$23.35	(with L&H)	\$31.21	\$14.89	\$12.97	\$1.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.81	\$0.00	\$15.27	\$23.35		\$31.21	\$14.89	\$12.97	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.43	\$54.81	\$0.00	\$15.27	\$23.35		\$27.76	\$14.89	12.24 (FRV)	\$1.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$2.74	\$0.00	\$0.76	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.49	\$57.55	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3265								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.28	\$76.34	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.59	\$79.92	\$0.00	\$16.25	\$24.93	\$0.00	\$46.25	\$14.89	\$12.24	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.87									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Folkston Park Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141006A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3744	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.92%	2.5%	Quarterly Medicaid CMI:			1.2718	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2905	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,773,032	\$2,051,873	\$0	\$350,001	\$395,529	\$0	\$582,289		\$393,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$35,794)	\$0	\$0	\$0	(\$761)	(\$858)	(\$11,084)		(\$23,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$21,746)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$55,877		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,797,122	\$2,051,873	\$0	\$350,001	\$394,768	(\$858)	\$549,459	\$55,877	\$370,249	\$25,753
8	Total Nursing Facility Days As Filed Days = 25,844	FY19 Audited C/R Days	25,844									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,366		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.94	\$79.39	\$0.00	\$13.54	\$15.24	(with L&H)	\$21.26	\$2.04	\$13.53	\$0.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3744								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	\$13.53	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.27	\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	9.49 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.39	\$2.89	\$0.00	\$0.68	\$0.76	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.66	\$60.65	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2905								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.28	\$78.27	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.44	\$82.33	\$0.00	\$14.44	\$16.41	\$0.00	\$39.79	\$2.04	\$9.49	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Heritage Healthcare -Forsyth, LLC Prvdr ID: 00141017A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 29.55% Nurse Hours per On-Site Day/Quality Incentive: 3.80		<u>Facility Score</u> N/A 29.55% 3.80	<u>Add-on Percent</u> 5.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4546 Quarterly Medicaid CMI: 1.4504 Qtrly Mcaid CMI w RUG Wght Options: 1.4763			<u>Facility Specific</u> 1.4546 1.4504 1.4763	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,649,219	\$1,977,399	\$0	\$344,288	\$476,348	\$0	\$682,429		\$168,755	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$58,417)	(\$28,661)	\$0	\$0	(\$1,961)	(\$2,152)	\$6,266		(\$31,909)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$136,579)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$309,354		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,140
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,782,717	\$1,948,738	\$0	\$344,288	\$474,387	(\$2,152)	\$552,116	\$309,354	\$136,846	\$19,140
8	Total Nursing Facility Days As Filed Days = 23,904	FY19 Audited C/R Days	23,904									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,576		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.26	\$81.52	\$0.00	\$14.40	\$19.76	(with L&H)	\$23.10	\$17.60	\$7.79	\$1.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4546								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$14.40	\$19.76		\$23.10	\$17.60	\$7.79	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.22	\$56.04	\$0.00	\$14.40	\$19.76		\$23.10	\$17.60	9.23 (FRV)	\$1.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.67	\$2.80	\$0.00	\$0.72	\$0.99	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.89	\$58.84	\$0.00	\$15.12	\$20.75	\$0.00	\$24.26	\$17.60	\$9.23	\$1.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4763								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.92	\$86.87	\$0.00	\$15.12	\$20.75	\$0.00	\$24.26	\$17.60	\$9.23	\$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.76	\$92.61	\$0.00	\$15.34	\$21.16	\$0.00	\$41.73	\$17.60	\$9.23	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Fort Valley Nursing Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141028A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6658	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.34%	5.5%	Quarterly Medicaid CMI:			1.8836	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9207	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,077,658	\$2,042,934	\$0	\$323,136	\$352,124	\$0	\$756,398		\$603,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$35,168)	(\$9,028)	\$0	\$0	\$0	\$2,504	\$6,524		(\$35,168)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,604)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,153		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,763
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,087,802	\$2,033,906	\$0	\$323,136	\$352,124	\$2,504	\$727,318	\$36,153	\$567,898	\$44,763
8	Total Nursing Facility Days As Filed Days = 22,460	FY19 Audited C/R Days	22,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,587		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.03	\$90.56	\$0.00	\$14.39	\$15.79	(with L&H)	\$32.38	\$1.95	\$30.55	\$2.41
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6658								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$14.39	\$15.79		\$32.38	\$1.95	\$30.55	\$2.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.54	\$54.37	\$0.00	\$14.39	\$15.79		\$27.76	\$1.95	9.87 (FRV)	\$2.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$2.72	\$0.00	\$0.72	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.16	\$57.09	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.41
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9207								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.72	\$109.65	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.58	\$9.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.30	\$119.50	\$0.00	\$15.33	\$16.99	\$0.00	\$46.25	\$1.95	\$9.87	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Franklin, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141039A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4468	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.4146	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.17	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4396	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,979,503	\$1,990,472	\$0	\$352,683	\$430,872	\$0	\$811,670		\$393,806	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$66,229)	(\$101,110)	\$0	\$0	\$0	\$0	\$54,724		(\$19,843)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,442)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$336,460		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,292
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,118,584	\$1,889,362	\$0	\$352,683	\$430,872	\$0	\$717,952	\$336,460	\$373,963	\$17,292
8	Total Nursing Facility Days As Filed Days = 25,421	FY19 Audited C/R Days	25,421									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,332		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.97	\$74.32	\$0.00	\$13.87	\$16.95	(with L&H)	\$28.24	\$15.07	\$16.75	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4468								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.37	\$0.00	\$13.87	\$16.95		\$28.24	\$15.07	\$16.75	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.92	\$51.37	\$0.00	\$13.87	\$16.95		\$27.76	\$15.07	11.13 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.50	\$2.57	\$0.00	\$0.69	\$0.85	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.42	\$53.94	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4396								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.13	\$77.65	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$4.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.88	\$81.67	\$0.00	\$14.78	\$18.21	\$0.00	\$46.25	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.09									

FISCAL YEAR ENDING JUNE 30, 2019 with 2021 P&R AND T&I

[illegible]

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: New Horizons Lanier Park				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141072A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2946	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		37.78%	2.5%	Quarterly Medicaid CMI:			1.2769	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2946	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,866,484	\$5,128,623	\$0	\$1,414,786	\$460,232	\$793,389	\$1,853,854		\$1,215,600	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$20,556)	(\$2,888)	\$0	\$0	\$0	\$7,010	(\$4,122)		(\$20,556)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,668)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$79,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,743
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,885,987	\$5,125,735	\$0	\$1,414,786	\$460,232	\$800,399	\$1,784,064	\$79,984	\$1,195,044	\$25,743
8	Total Nursing Facility Days As Filed Days = 40,777	FY19 Audited C/R Days	40,777									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,236		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.97	\$125.70	\$0.00	\$34.70	\$30.92	(with L&H)	\$43.75	\$2.21	\$32.98	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2946								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$34.70	\$30.92		\$43.75	\$2.21	\$32.98	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.02	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$2.21	22.15 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.57	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2946								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.84	\$115.43	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$6.35	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.29	\$121.78	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$2.21	\$22.15	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Douglasville Nursing and Rehab Ctr. Prvdr ID: 00141083A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 39.56% Nurse Hours per On-Site Day/Quality Incentive: 3.63		N/A 39.56% 3.63	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.4894 Quarterly Medicaid CMI: 1.6689 Qtrtrly Mcaid CMI w RUG Wght Options: 1.7008			1.4894 1.6689 1.7008	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,229,280	\$8,084,874	\$0	\$1,285,693	\$1,245,258	\$0	\$1,877,296		\$736,159	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$169,963)	(\$29,082)	\$0	(\$3,627)	(\$18,308)	(\$59,527)	\$51,176		(\$110,595)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,514)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$162,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$130,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,298,419	\$8,055,792	\$0	\$1,282,066	\$1,226,950	(\$59,527)	\$1,874,958	\$162,391	\$625,564	\$130,225
8	Total Nursing Facility Days As Filed Days = 81,408	FY19 Audited C/R Days	77,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								71,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.40	\$103.81	\$0.00	\$16.52	\$15.04	(with L&H)	\$24.16	\$2.28	\$8.77	\$1.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	\$8.77	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.22	\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	13.70 (FRV)	\$1.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.28	\$3.49	\$0.00	\$0.83	\$0.75	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.50	\$73.19	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7008								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.79	\$124.48	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.47	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.26	\$131.85	\$0.00	\$17.57	\$16.20	\$0.00	\$42.84	\$2.28	\$13.70	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gibson Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141116A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4595	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Qtrly BIMS score		38.78%	2.5%	Quarterly Medicaid CMI:			1.6849	1.5462
				Nurse Hours per On-Site Day/Quality Incentive:		3.29	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7144	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,926,015	\$2,674,034	\$0	\$501,520	\$537,383	\$0	\$805,386		\$407,692	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$58,106)	\$0	\$0	\$0	(\$7,496)	(\$11,130)	(\$11,868)		(\$27,612)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,795)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,399		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,907
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,958,420	\$2,674,034	\$0	\$501,520	\$529,887	(\$11,130)	\$738,723	\$109,399	\$380,080	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,898	FY19 Audited C/R Days	29,898									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,623		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.50	\$89.44	\$0.00	\$16.77	\$17.35	(with L&H)	\$24.71	\$4.84	\$16.80	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4595								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.28	\$0.00	\$16.77	\$17.35		\$24.71	\$4.84	\$16.80	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.52	\$61.28	\$0.00	\$16.77	\$17.35		\$24.71	\$4.84	10.98 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.01	\$3.06	\$0.00	\$0.84	\$0.87	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.53	\$64.34	\$0.00	\$17.61	\$18.22	\$0.00	\$25.95	\$4.84	\$10.98	\$1.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7144								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.49	\$110.30	\$0.00	\$17.61	\$18.22	\$0.00	\$25.95	\$4.84	\$10.98	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.19	\$116.90	\$0.00	\$17.83	\$18.63	\$0.00	\$43.42	\$4.84	\$10.98	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.82									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Parkside Ellijay				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Pvdr ID: 00141127A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4907	1.4759		
H/B ?: No				Case Mix Per Diem Rate Effective Date: 07/01/21		BIMS 37.1%		Quarterly Medicaid CMI:			1.9430	1.5462		
				MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive: 3.36		Qtrly Mcaid CMI w RUG Wght Options:			1.9819	1.5738		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2018														
FY2018 C/R - FY 2021 GL-PL Rpt														
Inflation (July 2019) @ 2.20%														
Patient Days														
FY 2018 Cost Rpt														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 21 GL-PL Ins Rpt Days														
Inflated NHC/ Patient Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 5.00%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$273.25	\$166.92		\$19.51	\$23.52		\$46.25	\$2.47	\$11.65	\$2.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$192.11										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Comfort Creek NRC of Wadley				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141138A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4168	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.42%	1.0%	Quarterly Medicaid CMI:			1.6056	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6372	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,564,673	\$1,213,978	\$0	\$235,032	\$267,494	\$0	\$439,471		\$408,698	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$26,528)	\$0	\$0	\$0	(\$910)	\$0	(\$6,631)		(\$18,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$60,596)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,573,063	\$1,213,978	\$0	\$235,032	\$266,584	\$0	\$372,244	\$73,086	\$389,711	\$22,428
8	Total Nursing Facility Days As Filed Days = 18,258	FY19 Audited C/R Days	18,258									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.64	\$66.49	\$0.00	\$12.87	\$14.60	(with L&H)	\$20.39	\$2.45	\$13.09	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4168								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	\$13.09	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.54	\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	9.55 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.74	\$2.35	\$0.00	\$0.64	\$0.73	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.28	\$49.28	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6372								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.68	\$80.68	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.54	\$84.44	\$0.00	\$13.73	\$15.74	\$0.00	\$38.88	\$2.45	\$9.55	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.33									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$165.86									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$111.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Glenn-Mor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141149A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.42%	2.5%	Quarterly Medicaid CMI:			1.3925	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4161	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,148	\$2,332,009	\$0	\$739,999	\$346,631	\$369,823	\$1,046,832		\$605,854	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$6,947)	\$0	\$0	\$0	\$0	\$0	\$0		(\$6,947)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,558)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$28,900		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,577
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,455,120	\$2,332,009	\$0	\$739,999	\$346,631	\$369,823	\$1,031,274	\$28,900	\$598,907	\$7,577
8	Total Nursing Facility Days As Filed Days = 21,944	FY19 Audited C/R Days	21,944									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,782		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$251.76	\$106.27	\$0.00	\$33.72	\$32.65	(with L&H)	\$47.00	\$1.46	\$30.28	\$0.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$33.72	\$32.65		\$47.00	\$1.46	\$30.28	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.47	\$80.93	\$0.00	\$32.43	\$25.85		\$27.76	\$1.46	10.66 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.35	\$4.05	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4161								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.18	\$120.34	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$7.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.43	\$127.49	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.46	\$10.66	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Glenvue Nursing Home Prvdr ID: 00141171A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 21.11% Nurse Hours per On-Site Day/Quality Incentive: 2.62		N/A 21.11% 2.62	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6122 1.5619 1.5918	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,040,745	\$3,306,126	\$0	\$721,366	\$673,837	\$0	\$989,577		\$1,349,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$101,421)	\$0	\$0	\$0	(\$4,994)	(\$6,755)	(\$4,988)		(\$84,684)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$110,797)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$221,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,133,840	\$3,306,126	\$0	\$721,366	\$668,843	(\$6,755)	\$873,792	\$221,413	\$1,265,155	\$83,900
8	Total Nursing Facility Days As Filed Days = 42,446	FY19 Audited C/R Days	42,446									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,057		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.44	\$77.89	\$0.00	\$16.99	\$15.60	(with L&H)	\$20.59	\$5.97	\$34.14	\$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6122								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	\$34.14	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.65	\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	9.93 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.08	\$2.42	\$0.00	\$0.85	\$0.78	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.73	\$50.73	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.75	\$80.75	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.61	\$84.51	\$0.00	\$18.06	\$16.79	\$0.00	\$39.09	\$5.97	\$9.93	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.63									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$244.80									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$170.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gracemore Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141182A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2849	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.00%	2.5%	Quarterly Medicaid CMI:			1.4447	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4681	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,038,993	\$1,521,392	\$0	\$383,298	\$608,653	\$0	\$451,538		\$74,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,029)	\$3,640	\$0	\$0	\$0	\$0	(\$4,540)		(\$30,129)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,584)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,253		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,274
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,033,907	\$1,525,032	\$0	\$383,298	\$608,653	\$0	\$398,414	\$51,253	\$43,983	\$23,274
8	Total Nursing Facility Days As Filed Days = 15,816	FY19 Audited C/R Days	15,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,573		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.56	\$96.42	\$0.00	\$24.23	\$38.48	(with L&H)	\$25.19	\$4.43	\$3.80	\$2.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2849								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.04	\$0.00	\$24.23	\$38.48		\$25.19	\$4.43	\$3.80	\$2.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.50	\$75.04	\$0.00	\$22.66	\$25.85		\$25.19	\$4.43	8.32 (FRV)	\$2.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.43	\$3.75	\$0.00	\$1.13	\$1.29	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.93	\$78.79	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4681								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.81	\$115.67	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.36	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.17	\$122.56	\$0.00	\$23.79	\$27.14	\$0.00	\$43.92	\$4.43	\$8.32	\$2.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Heritage Healthcare -Grandview, LLC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141215A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5959	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		21.74%	1.0%	Quarterly Medicaid CMI:			1.7033	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.81	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7354	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,539,328	\$2,433,422	\$0	\$428,356	\$608,030	\$0	\$729,082		\$340,438	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$79,274)	(\$9,448)	\$0	\$0	\$0	\$0	(\$7,145)		(\$62,681)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$136,905)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$309,461		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$93,760
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,726,370	\$2,423,974	\$0	\$428,356	\$608,030	\$0	\$585,032	\$309,461	\$277,757	\$93,760
8	Total Nursing Facility Days As Filed Days = 25,011	FY19 Audited C/R Days	25,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.53	\$96.92	\$0.00	\$17.13	\$24.31	(with L&H)	\$23.39	\$14.90	\$13.37	\$4.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5959								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.73	\$0.00	\$17.13	\$24.31		\$23.39	\$14.90	\$13.37	\$4.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.53	\$60.73	\$0.00	\$17.13	\$24.31		\$23.39	\$14.90	11.56 (FRV)	\$4.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.04	\$0.00	\$0.86	\$1.22	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$63.77	\$0.00	\$17.99	\$25.53	\$0.00	\$24.56	\$14.90	\$11.56	\$4.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7354								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.72	\$110.67	\$0.00	\$17.99	\$25.53	\$0.00	\$24.56	\$14.90	\$11.56	\$4.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$3.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.67	\$114.52	\$0.00	\$18.21	\$25.94	\$0.00	\$42.03	\$14.90	\$11.56	\$4.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Grandview Health Care Center Prvdr ID: 00141226A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 29.55% Nurse Hours per On-Site Day/Quality Incentive: 4.34		<u>Facility Score</u> N/A 29.55% 4.34	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4400 Quarterly Medicaid CMI: 1.8507 Qtrtly Mcaid CMI w RUG Wght Options: 1.8872		<u>Facility Specific</u> 1.4400 1.8507 1.8872	<u>State-wide</u> 1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,516,162	\$781,334	\$0	\$207,123	\$134,597	\$0	\$307,505		\$85,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,832)	(\$26,042)	\$0	(\$9,564)	(\$157)	\$2,167	(\$16,913)		(\$10,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,710)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,211		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,669
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,553,500	\$755,292	\$0	\$197,559	\$134,440	\$2,167	\$241,882	\$94,211	\$75,280	\$52,669
8	Total Nursing Facility Days As Filed Days = 10,363	FY19 Audited C/R Days	10,363									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.95	\$72.88	\$0.00	\$19.06	\$13.18	(with L&H)	\$23.34	\$4.87	\$3.89	\$2.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4400								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	\$3.89	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.81	\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	12.02 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.31	\$2.53	\$0.00	\$0.95	\$0.66	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.12	\$53.14	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8872								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.27	\$100.29	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.91	\$103.83	\$0.00	\$20.23	\$14.25	\$0.00	\$41.98	\$4.87	\$12.02	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.11									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$230.28									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$159.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Azalealand Nursing Home Prvdr ID: 00141237A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.5138	1.4759
Qtrly BIMS score				72.50%	5.5%	Quarterly Medicaid CMI:					1.6435	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.46	4.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.6764	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,663,942	\$2,711,053	\$0	\$564,696	\$573,708	\$0	\$1,010,449		\$804,036	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt As Adjusted FY21 GL/PL Rpt As Adjusted FY21 C/R	(\$103,427)	(\$16,407)	\$0	\$0	\$0	\$0	\$5,994 (\$49,448)		(\$93,014)	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,711,992	\$2,694,646	\$0	\$564,696	\$573,708	\$0	\$966,995	\$104,445	\$711,022	\$96,480
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	28,160							24,829		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.19	\$95.69	\$0.00	\$20.05	\$20.37	(with L&H)	\$34.34	\$4.21	\$28.64	\$3.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5138								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.21	\$0.00	\$20.05	\$20.37		\$34.34	\$4.21	\$28.64	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.82	\$63.21	\$0.00	\$20.05	\$20.37		\$27.76	\$4.21	18.33 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.57	\$3.16	\$0.00	\$1.00	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.39	\$66.37	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6764								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.28	\$111.26	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.83	\$11.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.11	\$122.36	\$0.00	\$21.27	\$21.80	\$0.00	\$46.25	\$4.21	\$18.33	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.76									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$251.05									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$175.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Roswell Nursing & Rehab Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141248A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5911	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.74%	2.5%	Quarterly Medicaid CMI:			1.6323	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.11	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6618	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$17,034,572	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,685,846		\$2,102,535	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$184,952)	\$0	\$0	\$0	\$0	\$0	(\$25,405)		(\$159,547)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,135)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$27,376		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$195,565
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$17,048,426	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,636,306	\$27,376	\$1,942,988	\$195,565
8	Total Nursing Facility Days As Filed Days = 75,545	FY19 Audited C/R Days	75,545									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,953		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.85	\$119.06	\$0.00	\$20.11	\$22.93	(with L&H)	\$34.90	\$0.42	\$29.46	\$2.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5911								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.83	\$0.00	\$20.11	\$22.93		\$34.90	\$0.42	\$29.46	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.24	\$74.83	\$0.00	\$20.11	\$22.93		\$27.76	\$0.42	10.22 (FRV)	\$2.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.29	\$3.74	\$0.00	\$1.01	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.53	\$78.57	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6618								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.53	\$130.57	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.66	\$136.97	\$0.00	\$21.34	\$24.49	\$0.00	\$46.25	\$0.42	\$10.22	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Premier Estate of Dublin Prvdr ID: 00141281A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 23.53% Nurse Hours per On-Site Day/Quality Incentive: 2.84		N/A 23.53% 2.84	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4189 1.3072 1.3269	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,060,992	\$2,313,530	\$0	\$585,948	\$566,294	\$0	\$719,358		\$875,862	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,244)	\$0	\$0	\$0	\$0	\$0	(\$30,475)		(\$23,769)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$198,863		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,038
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,183,999	\$2,313,530	\$0	\$585,948	\$566,294	\$0	\$640,233	\$198,863	\$852,093	\$27,038
8	Total Nursing Facility Days As Filed Days = 35,732	FY19 Audited C/R Days	35,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,950		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.15	\$64.75	\$0.00	\$16.40	\$15.85	(with L&H)	\$17.92	\$6.87	\$29.43	\$0.93
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4189								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	\$29.43	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.40	\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	8.80 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.79	\$2.28	\$0.00	\$0.82	\$0.79	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.19	\$47.91	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3269								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.85	\$63.57	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.64	\$0.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$154.03	\$66.65	\$0.00	\$17.44	\$17.05	\$0.00	\$36.29	\$6.87	\$8.80	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.70									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$180.76									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$122.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Habersham Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3409	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.75%	2.5%	Quarterly Medicaid CMI:			1.2407	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.70	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2621	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,996,061	\$2,958,787	\$0	\$764,197	\$963,269	\$520,297	\$1,038,728		\$750,783	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$83,307)	\$0	\$0	\$0	\$0	\$0	(\$3,334)		(\$79,973)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$78,219)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,284		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,136
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,905,955	\$2,958,787	\$0	\$764,197	\$963,269	\$520,297	\$957,175	\$59,284	\$670,810	\$12,136
8	Total Nursing Facility Days As Filed Days = 27,194	FY19 Audited C/R Days	27,194									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,951		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.99	\$108.80	\$0.00	\$28.10	\$54.55	(with L&H)	\$35.20	\$2.58	\$29.23	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3409								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.14	\$0.00	\$28.10	\$54.55		\$35.20	\$2.58	\$29.23	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.05	\$81.14	\$0.00	\$28.10	\$25.85		\$27.76	\$2.58	10.09	\$0.53
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.15	\$4.06	\$0.00	\$1.41	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.20	\$85.20	\$0.00	\$29.51	\$27.14	\$0.00	\$29.15	\$2.58	\$10.09	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2621								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.53	\$107.53	\$0.00	\$29.51	\$27.14	\$0.00	\$29.15	\$2.58	\$10.09	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$6.45	\$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	\$230.30	\$113.98	\$0.00	\$29.73	\$27.14	\$0.00	\$46.25	\$2.58	\$10.09	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Warner Robins Rehab & Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141303A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5804	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.21%	1.0%	Quarterly Medicaid CMI:			1.4261	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.81	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4495	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,804,260	\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,213,336		\$683,830	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$54,156)	\$0	\$0	\$0	\$0	\$0	(\$2,698)		(\$51,458)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$199,344)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$268,835		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$108,316
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,927,911	\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,011,294	\$268,835	\$632,372	\$108,316
8	Total Nursing Facility Days As Filed Days = 37,646	FY19 Audited C/R Days	37,646									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,381		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.17	\$71.86	\$0.00	\$14.71	\$17.21	(with L&H)	\$26.86	\$7.60	\$17.87	\$3.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5804								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.47	\$0.00	\$14.71	\$17.21		\$26.86	\$7.60	\$17.87	\$3.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.22	\$45.47	\$0.00	\$14.71	\$17.21		\$26.86	\$7.60	10.31 (FRV)	\$3.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.21	\$2.27	\$0.00	\$0.74	\$0.86	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.43	\$47.74	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4495								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.89	\$69.20	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.59	\$71.80	\$0.00	\$15.67	\$18.48	\$0.00	\$45.67	\$7.60	\$10.31	\$3.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Haralson Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141325A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5866	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.59%	2.5%	Quarterly Medicaid CMI:			1.7601	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7941	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,652,094	\$3,281,629	\$0	\$763,631	\$665,153	\$0	\$1,074,500		\$867,181	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$101,466)	(\$75,589)	\$0	\$0	(\$1,355)	(\$7,358)	\$12,143		(\$29,307)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,982)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,258		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,748
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,543,652	\$3,206,040	\$0	\$763,631	\$663,798	(\$7,358)	\$1,037,661	\$12,258	\$837,874	\$29,748
8	Total Nursing Facility Days As Filed Days = 39,260	FY19 Audited C/R Days	39,260									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,692		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.91	\$81.66	\$0.00	\$19.45	\$16.72	(with L&H)	\$26.43	\$0.34	\$23.48	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5866								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.47	\$0.00	\$19.45	\$16.72		\$26.43	\$0.34	\$23.48	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.70	\$51.47	\$0.00	\$19.45	\$16.72		\$26.43	\$0.34	9.46 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.70	\$2.57	\$0.00	\$0.97	\$0.84	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.40	\$54.04	\$0.00	\$20.42	\$17.56	\$0.00	\$27.75	\$0.34	\$9.46	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7941								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.31	\$96.95	\$0.00	\$20.42	\$17.56	\$0.00	\$27.75	\$0.34	\$9.46	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.27	\$102.81	\$0.00	\$20.64	\$17.97	\$0.00	\$45.22	\$0.34	\$9.46	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Nancy Hart Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141336A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3524	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		14.29%	0.0%	Quarterly Medicaid CMI:			1.6300	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.88	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6620	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,669,531	\$1,544,618	\$0	\$322,825	\$415,140	\$0	\$249,952		\$136,996	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$20,542)	\$0	\$0	\$0	(\$679)	(\$510)	(\$9,838)		(\$9,515)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,503)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,967		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,908
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,681,361	\$1,544,618	\$0	\$322,825	\$414,461	(\$510)	\$187,611	\$61,967	\$127,481	\$22,908
8	Total Nursing Facility Days As Filed Days = 18,449	FY19 Audited C/R Days	18,449									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,358		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.65	\$83.72	\$0.00	\$17.50	\$22.44	(with L&H)	\$10.17	\$4.03	\$8.30	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.91								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	\$8.30	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.03	\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	8.49 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$3.10	\$0.00	\$0.88	\$1.12	\$0.00	\$0.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.64	\$65.01	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6620								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.68	\$108.05	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.79	\$2.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.47	\$110.74	\$0.00	\$18.60	\$23.97	\$0.00	\$28.15	\$4.03	\$8.49	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Heart of Georgia Nursing Home Prvdr ID: 00141358A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.6174	1.4759
Qtrly BIMS score				28.99%	1.0%	Quarterly Medicaid CMI:					1.7447	1.4983
Qtrly Mcaid CMI w RUG Wght Options:				2.75	5.0%						1.7797	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,924,585	\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$636,050		\$2,570,415	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$24,876)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,876)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,028)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$66,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,946,493	\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$574,022	\$66,626	\$2,545,539	\$42,186
8	Total Nursing Facility Days As Filed Days = 34,288	FY19 Audited C/R Days	34,288									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,916		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.97	\$75.04	\$0.00	\$18.47	\$14.93	(with L&H)	\$16.74	\$2.30	\$88.03	\$1.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6174								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	\$88.03	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.96	\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	13.67 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.83	\$2.32	\$0.00	\$0.92	\$0.75	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.79	\$48.71	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7797								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.77	\$86.69	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.60	\$92.42	\$0.00	\$19.61	\$16.09	\$0.00	\$35.05	\$2.30	\$13.67	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.63									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$258.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$180.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Valdosta Prvdr ID: 00141369A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.67% Nurse Hours per On-Site Day/Quality Incentive: 3.33			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6536 Quarterly Medicaid CMI: 1.7707 Qtrly Mcaid CMI w RUG Wght Options: 1.8050			<u>Facility Specific</u> 1.6536 1.7707 1.8050	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,838,409	\$3,209,516	\$0	\$506,009	\$688,580	\$0	\$1,004,199		\$430,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,398)	(\$20,697)	\$0	\$0	\$0	\$0	\$19,005		(\$50,706)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$186,158)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$425,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,919
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,071,216	\$3,188,819	\$0	\$506,009	\$688,580	\$0	\$837,046	\$425,444	\$379,399	\$45,919
8	Total Nursing Facility Days As Filed Days = 32,798	FY19 Audited C/R Days	32,798									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.26	\$97.23	\$0.00	\$15.43	\$20.99	(with L&H)	\$25.52	\$17.55	\$15.65	\$1.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6536								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	\$15.65	\$1.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.46	\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	11.28 (FRV)	\$1.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$2.94	\$0.00	\$0.77	\$1.05	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$61.74	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8050								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.20	\$111.44	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$4.98	\$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	\$230.28	\$116.42	\$0.00	\$16.42	\$22.45	\$0.00	\$44.27	\$17.55	\$11.28	\$1.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Athens Heritage, LLC Prvdr ID: 00141391A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 36.84% Nurse Hours per On-Site Day/Quality Incentive: 3.08		<u>Facility Score</u> N/A 3.08	<u>Add-on Percent</u> 5.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4472 Quarterly Medicaid CMI: 1.6831 Qtrly Mcaid CMI w RUG Wght Options: 1.7128			<u>Facility Specific</u> 1.4472 1.6831 1.7128	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,293,580	\$3,267,208	\$0	\$561,602	\$801,830	\$0	\$1,140,895		\$522,045	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$161,990)	(\$69,507)	\$0	\$0	\$1,894	\$1,768	\$45,549		(\$141,694)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$196,955)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$447,689		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,702
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,397,026	\$3,197,701	\$0	\$561,602	\$803,724	\$1,768	\$989,489	\$447,689	\$380,351	\$14,702
8	Total Nursing Facility Days As Filed Days = 32,704	FY19 Audited C/R Days	32,704									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.19	\$97.78	\$0.00	\$17.17	\$24.63	(with L&H)	\$30.26	\$15.06	\$12.80	\$0.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4472								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.57	\$0.00	\$17.17	\$24.63		\$30.26	\$15.06	\$12.80	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.16	\$67.57	\$0.00	\$17.17	\$24.63		\$27.76	\$15.06	16.48	\$0.49
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.86	\$3.38	\$0.00	\$0.86	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.02	\$70.95	\$0.00	\$18.03	\$25.86	\$0.00	\$29.15	\$15.06	\$16.48	\$0.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7128								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.59	\$121.52	\$0.00	\$18.03	\$25.86	\$0.00	\$29.15	\$15.06	\$16.48	\$0.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.86	\$4.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.75	\$129.95	\$0.00	\$18.25	\$26.27	\$0.00	\$46.25	\$15.06	\$16.48	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Magnolia Manor St. Simons				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141402A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6431	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.6139	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.91	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6462	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,719,331	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,178,526		\$847,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$119,817)	\$0	\$0	\$0	\$0	\$0	\$0		(\$119,817)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$105,018)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$201,609		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,832,304	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,073,508	\$201,609	\$727,267	\$136,199
8	Total Nursing Facility Days As Filed Days = 36,776	FY19 Audited C/R Days	36,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.13	\$88.86	\$0.00	\$18.52	\$20.25	(with L&H)	\$29.19	\$8.39	\$30.25	\$5.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6431								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.08	\$0.00	\$18.52	\$20.25		\$29.19	\$8.39	\$30.25	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.29	\$54.08	\$0.00	\$18.52	\$20.25		\$27.76	\$8.39	10.62 (FRV)	\$5.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.70	\$0.00	\$0.93	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.32	\$56.78	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6462								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.01	\$93.47	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.40	\$5.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.41	\$99.14	\$0.00	\$19.67	\$21.67	\$0.00	\$46.25	\$8.39	\$10.62	\$5.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.73									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$213.79									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Hartwell Health and Rehabilitation				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141413A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.07%	1.0%	Quarterly Medicaid CMI:			1.5275	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.32	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5535	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,746,334	\$2,976,624	\$0	\$719,908	\$566,704	\$0	\$985,583		\$497,515	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$75,462)	(\$4,092)	\$0	\$0	\$0	(\$2,714)	(\$54,712)		(\$13,944)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,620)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,732,003	\$2,972,532	\$0	\$719,908	\$566,704	(\$2,714)	\$882,251	\$95,680	\$483,571	\$14,071
8	Total Nursing Facility Days As Filed Days = 31,984	FY19 Audited C/R Days	31,984									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,307		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.07	\$92.94	\$0.00	\$22.51	\$17.63	(with L&H)	\$27.58	\$3.94	\$19.89	\$0.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4592								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	\$19.89	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.83	\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	9.90 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.57	\$3.18	\$0.00	\$1.13	\$0.88	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.40	\$66.87	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5535								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.41	\$103.88	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.11	\$0.41	\$0.00	\$0.14		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.73	\$0.00	\$0.11	\$0.41	\$0.00	\$17.24	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.90	\$109.61	\$0.00	\$23.75	\$18.92	\$0.00	\$46.20	\$3.94	\$9.90	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Monroe, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141468A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3496	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.42%	2.5%	Quarterly Medicaid CMI:			1.4382	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.79	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4631	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,425,761	\$2,409,510	\$0	\$406,296	\$588,096	\$0	\$721,723		\$300,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$61,463)	(\$38,688)	\$0	\$0	\$0	\$0	(\$3,628)		(\$19,147)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$157,301)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,730		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,031
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,584,758	\$2,370,822	\$0	\$406,296	\$588,096	\$0	\$560,794	\$356,730	\$280,989	\$21,031
8	Total Nursing Facility Days As Filed Days = 25,953	FY19 Audited C/R Days	25,953									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.50	\$91.35	\$0.00	\$15.66	\$22.66	(with L&H)	\$21.61	\$16.90	\$13.32	\$1.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3496								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	\$13.32	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.45	\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	9.93 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.37	\$3.38	\$0.00	\$0.78	\$1.13	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.82	\$71.07	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4631								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.73	\$103.98	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.04	\$109.19	\$0.00	\$16.66	\$24.20	\$0.00	\$40.16	\$16.90	\$9.93	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Holly Hill Prvdr ID: 00141479A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hours per On-Site Day/Quality Incentive: 4.05			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5034 Quarterly Medicaid CMI: 1.6099 Qtrly Mcaid CMI w RUG Wght Options: 1.6406			<u>Facility Specific</u> 1.5034 1.6099 1.6406	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,015,528	\$2,867,039	\$0	\$457,077	\$549,521	\$0	\$824,344		\$317,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,258)	(\$19,683)	\$0	\$0	\$0	\$0	\$7,164		(\$25,739)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,298)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,230		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,351
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,254,553	\$2,847,356	\$0	\$457,077	\$549,521	\$0	\$642,210	\$437,230	\$291,808	\$29,351
8	Total Nursing Facility Days As Filed Days = 29,361	FY19 Audited C/R Days	29,361									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.45	\$96.98	\$0.00	\$15.57	\$18.72	(with L&H)	\$21.87	\$16.90	\$11.28	\$1.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	\$11.28	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.74	\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	10.04 (FRV)	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$3.23	\$0.00	\$0.78	\$0.94	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.78	\$67.74	\$0.00	\$16.35	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6406								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.17	\$111.13	\$0.00	\$16.35	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.24	\$116.10	\$0.00	\$16.57	\$20.07	\$0.00	\$40.43	\$16.90	\$10.04	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Wynfield Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141512A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4647	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.09%	2.5%	Quarterly Medicaid CMI:			1.4314	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4562	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$10,705,243	\$5,639,007	\$0	\$1,225,542	\$1,075,292	\$0	\$1,750,437		\$1,014,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$72,124)	(\$8,638)	\$0	\$0	\$0	\$3,616	(\$34,164)		(\$32,938)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$98,228)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$194,935		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,221
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,761,047	\$5,630,369	\$0	\$1,225,542	\$1,075,292	\$3,616	\$1,618,045	\$194,935	\$982,027	\$31,221
8	Total Nursing Facility Days As Filed Days = 64,062	FY19 Audited C/R Days	63,980									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,251		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.88	\$88.00	\$0.00	\$19.16	\$16.86	(with L&H)	\$25.29	\$4.13	\$20.78	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4647								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	\$20.78	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.58	\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	25.40 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.00	\$0.00	\$0.96	\$0.84	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.64	\$63.08	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4562								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.42	\$91.86	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.11	\$97.45	\$0.00	\$20.34	\$18.11	\$0.00	\$44.02	\$4.13	\$25.40	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.76									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$229.89									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$159.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Covenant Dove Healthcare of Macon				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141523A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6724	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		27.42%	1.0%	Quarterly Medicaid CMI:			1.5682	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.72	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5958	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,243,910	\$1,685,061	\$0	\$294,488	\$321,884	\$0	\$589,566		\$352,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$55,298)	(\$902)	\$0	\$0	\$338	\$287	(\$11,668)		(\$43,353)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$67,947)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$205,205		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,400,204	\$1,684,159	\$0	\$294,488	\$322,222	\$287	\$509,951	\$205,205	\$309,558	\$74,334
8	Total Nursing Facility Days As Filed Days = 17,505	FY19 Audited C/R Days	17,505									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.38	\$96.21	\$0.00	\$16.82	\$18.42	(with L&H)	\$29.13	\$8.29	\$12.51	\$3.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.53	\$0.00	\$16.82	\$18.42		\$29.13	\$8.29	\$12.51	\$3.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.98	\$57.53	\$0.00	\$16.82	\$18.42		\$27.76	\$8.29	11.16 (FRV)	\$3.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.88	\$0.00	\$0.84	\$0.92	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.01	\$60.41	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5958								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.00	\$96.40	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.15	\$99.82	\$0.00	\$17.88	\$19.75	\$0.00	\$46.25	\$8.29	\$11.16	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.79									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$238.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$165.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Friendship Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141567A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3428	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.15%	5.5%	Quarterly Medicaid CMI:			1.8742	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9108	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,981,168	\$2,682,847	\$0	\$477,944	\$675,987	\$0	\$754,067		\$390,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$30,024)	(\$16,087)	\$0	\$0	\$0	\$0	\$1,654		(\$15,591)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$108,468)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,877
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,996,056	\$2,666,760	\$0	\$477,944	\$675,987	\$0	\$647,253	\$138,503	\$374,732	\$14,877
8	Total Nursing Facility Days As Filed Days = 26,057	FY19 Audited C/R Days	26,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.72	\$102.34	\$0.00	\$18.34	\$25.94	(with L&H)	\$24.84	\$7.41	\$20.05	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3428								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.22	\$0.00	\$18.34	\$25.94		\$24.84	\$7.41	\$20.05	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.18	\$76.22	\$0.00	\$18.34	\$25.85		\$24.84	\$7.41	8.72 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.26	\$3.81	\$0.00	\$0.92	\$1.29	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.44	\$80.03	\$0.00	\$19.26	\$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9108								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.33	\$152.92	\$0.00	\$19.26	\$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.41	\$8.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.22	\$13.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.55	\$166.45	\$0.00	\$19.48	\$27.14	\$0.00	\$43.55	\$7.41	\$8.72	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Miona Geriatric & Dementia Ctr Prvdr ID: 00141578A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 54.79% Nurse Hours per On-Site Day/Quality Incentive: 3.27		N/A 54.79% 3.27	5.00% 5.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6897 1.6842 1.7156	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,133,434	\$2,426,784	\$0	\$466,878	\$521,370	\$0	\$580,703		\$137,699	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,961)	(\$9,448)	\$0	\$0	\$0	\$0	\$9,448		(\$31,961)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,519)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$65,298		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$38,106
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,161,358	\$2,417,336	\$0	\$466,878	\$521,370	\$0	\$546,632	\$65,298	\$105,738	\$38,106
8	Total Nursing Facility Days As Filed Days = 31,091	FY19 Audited C/R Days	31,091									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.37	\$77.75	\$0.00	\$15.02	\$16.77	(with L&H)	\$17.58	\$2.26	\$3.67	\$1.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	\$3.67	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	11.91 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.30	\$0.00	\$0.75	\$0.84	\$0.00	\$0.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$48.31	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7156								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.21	\$82.88	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.89	\$90.46	\$0.00	\$15.99	\$18.02	\$0.00	\$35.93	\$2.26	\$11.91	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.09									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$180.21									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$122.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Place at Deans Bridge				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141589A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3549	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.62%	2.5%	Quarterly Medicaid CMI:			1.3217	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.50	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.3457	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,128,861	\$2,582,193	\$0	\$517,346	\$523,223	\$0	\$997,869		\$508,230	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$213,384)	(\$169,931)	\$0	\$0	\$0	\$0	(\$5,176)		(\$38,277)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$340,664)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$438,194		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,078,878	\$2,412,262	\$0	\$517,346	\$523,223	\$0	\$652,029	\$438,194	\$469,953	\$65,871
8	Total Nursing Facility Days As Filed Days = 29,063	FY19 Audited C/R Days	29,063									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.18	\$83.00	\$0.00	\$17.80	\$18.00	(with L&H)	\$22.44	\$17.97	\$19.27	\$2.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3549								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	\$19.27	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.47	\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	10.30 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.97	\$3.06	\$0.00	\$0.89	\$0.90	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.44	\$64.32	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3457								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.68	\$86.56	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.39	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.07	\$91.85	\$0.00	\$18.91	\$19.31	\$0.00	\$41.03	\$17.97	\$10.30	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Harborview Health Systems of Jesup				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141611A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5379	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		22.39%	1.0%	Quarterly Medicaid CMI:			1.6188	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6486	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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%			
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			
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 FY19 C/R - FY19 GL/PL Rpt	\$5,188,452	\$2,486,171	\$0	\$458,854	\$494,752	\$0	\$896,286		\$852,389	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$64,839)	(\$2,186)	\$0	(\$4,795)	(\$5,113)	(\$3,790)	(\$4,233)		(\$44,722)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,851)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,136		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,217,170	\$2,483,985	\$0	\$454,059	\$489,639	(\$3,790)	\$835,202	\$100,136	\$807,667	\$50,272
8	Total Nursing Facility Days As Filed Days = 31,351	FY19 Audited C/R Days	31,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.15	\$79.23	\$0.00	\$14.48	\$15.50	(with L&H)	\$26.64	\$3.38	\$27.23	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.52								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	\$27.23	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.74	\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	8.53 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.41	\$2.58	\$0.00	\$0.72	\$0.78	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.15	\$54.10	\$0.00	\$15.20	\$16.28	\$0.00	\$27.97	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6486								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.24	\$89.19	\$0.00	\$15.20	\$16.28	\$0.00	\$27.97	\$3.38	\$8.53	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.44	\$93.29	\$0.00	\$15.42	\$16.69	\$0.00	\$45.44	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Joe-Anne Burgin Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141633A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1307	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.71%	2.5%	Quarterly Medicaid CMI:			1.3263	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.58	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3457	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,276,049	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$636,794		\$167,242	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$7,174)	\$0	\$0	\$0	\$0	\$0	\$0		(\$7,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$33,219)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$34,667		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,384
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,275,707	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$603,575	\$34,667	\$160,068	\$5,384
8	Total Nursing Facility Days As Filed Days = 24,555	FY19 Audited C/R Days	24,555									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								6,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.73	\$92.89	\$0.00	\$25.94	\$22.57	(with L&H)	\$24.58	\$5.33	\$24.59	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1307								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.15	\$0.00	\$25.94	\$22.57		\$24.58	\$5.33	\$24.59	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.10	\$82.15	\$0.00	\$22.66	\$22.57		\$24.58	\$5.33	20.98 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.60	\$4.11	\$0.00	\$1.13	\$1.13	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.70	\$86.26	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3457								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.52	\$116.08	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.75	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.15	\$121.83	\$0.00	\$23.79	\$24.11	\$0.00	\$43.28	\$5.33	\$20.98	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Scott Health & Rehabilitation Prvdr ID: 00141644A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.67		<u>Facility Score</u> N/A 28.57% 3.67	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4801 Quarterly Medicaid CMI: 1.4004 Qtrly Mcaid CMI w RUG Wght Options: 1.4242			<u>Facility Specific</u> 1.4801 1.4004 1.4242	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,114,219	\$1,782,447	\$0	\$316,551	\$384,986	\$0	\$519,936		\$110,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$23,858)	\$0	\$0	\$0	\$0	(\$2,265)	(\$7,602)		(\$13,991)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,280)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,276		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,484
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,135,841	\$1,782,447	\$0	\$316,551	\$384,986	(\$2,265)	\$470,054	\$73,276	\$96,308	\$14,484
8	Total Nursing Facility Days As Filed Days = 19,096	FY19 Audited C/R Days	19,096									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,167		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.97	\$93.34	\$0.00	\$16.58	\$20.04	(with L&H)	\$24.62	\$4.53	\$5.96	\$0.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	\$5.96	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.91	\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	11.18 (FRV)	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.15	\$0.00	\$0.83	\$1.00	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.12	\$66.21	\$0.00	\$17.41	\$21.04	\$0.00	\$25.85	\$4.53	\$11.18	\$0.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4242								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.21	\$94.30	\$0.00	\$17.41	\$21.04	\$0.00	\$25.85	\$4.53	\$11.18	\$0.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.61	\$98.60	\$0.00	\$17.63	\$21.45	\$0.00	\$43.32	\$4.53	\$11.18	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Keysville Nursing Home and Rehab Ctr Prvdr ID: 00141655A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 59.38% Nurse Hours per On-Site Day/Quality Incentive: 4.51		<u>Facility Score</u> N/A 59.38% 4.51	<u>Add-on Percent</u> 5.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3274 Quarterly Medicaid CMI: 1.6044 Qtrly Mcaid CMI w RUG Wght Options: 1.6339			<u>Facility Specific</u> 1.3274 1.6044 1.6339	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,037,321	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806		\$262,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$55,841)	\$0	\$0	\$0	\$0	\$0	\$0		(\$55,841)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$69,986		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$34,394
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,085,860	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806	\$69,986	\$206,280	\$34,394
8	Total Nursing Facility Days As Filed Days = 20,267	FY19 Audited C/R Days	20,267									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,969		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.21	\$80.31	\$0.00	\$19.95	\$22.42	(with L&H)	\$14.25	\$3.89	\$11.48	\$1.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3274								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	\$11.48	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.11	\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	13.19 (FRV)	\$1.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$3.03	\$0.00	\$1.00	\$1.12	\$0.00	\$0.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.97	\$63.53	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.24	\$103.80	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.69	\$113.15	\$0.00	\$21.17	\$23.95	\$0.00	\$32.43	\$3.89	\$13.19	\$1.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Countryside Health Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141666A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4570	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		23.26%	1.0%	Quarterly Medicaid CMI:			1.5953	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6257	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,823,935	\$1,382,684	\$0	\$271,936	\$371,820	\$0	\$547,902		\$249,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170)		(\$21,310)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,514)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,810,152	\$1,382,684	\$0	\$271,936	\$368,635	(\$2,722)	\$503,218	\$41,170	\$228,283	\$16,948
8	Total Nursing Facility Days As Filed Days = 20,341	FY19 Audited C/R Days	20,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,982		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.17	\$67.98	\$0.00	\$13.37	\$17.99	(with L&H)	\$24.74	\$2.17	\$12.03	\$0.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4570								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	\$12.03	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.51	\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	6.69 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.14	\$2.33	\$0.00	\$0.67	\$0.90	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.65	\$48.99	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.30	\$79.64	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$2.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.32	\$82.56	\$0.00	\$14.26	\$19.30	\$0.00	\$43.45	\$2.17	\$6.69	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.17									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$172.03									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$116.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lake City Nursing & Rehab Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141699A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5750	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.71%	5.5%	Quarterly Medicaid CMI:			1.6982	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7305	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,090,682	\$7,906,092	\$0	\$1,374,252	\$1,416,144	\$0	\$1,414,878		\$979,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$128,842)	(\$18,275)	\$0	(\$18,569)	\$0	(\$13,638)	\$14,384		(\$92,744)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,658)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$163,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,200,214	\$7,887,817	\$0	\$1,355,683	\$1,416,144	(\$13,638)	\$1,405,604	\$163,807	\$886,572	\$98,225
8	Total Nursing Facility Days As Filed Days = 81,989	FY19 Audited C/R Days	81,989									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.27	\$96.21	\$0.00	\$16.53	\$17.11	(with L&H)	\$17.14	\$2.46	\$13.34	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5750								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	\$13.34	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.21	\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	9.40 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.60	\$3.05	\$0.00	\$0.83	\$0.86	\$0.00	\$0.86	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.81	\$64.14	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7305								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.66	\$110.99	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.10	\$6.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$9.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.72	\$120.95	\$0.00	\$17.58	\$18.38	\$0.00	\$35.47	\$2.46	\$9.40	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Lakehaven Prvdr ID: 00141721A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 30.19% Nurse Hours per On-Site Day/Quality Incentive: 3.34			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6927 Quarterly Medicaid CMI: 1.8077 Qtrly Mcaid CMI w RUG Wght Options: 1.8411			<u>Facility Specific</u> 1.6927 1.8077 1.8411	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,936,680	\$2,645,120	\$0	\$488,831	\$560,458	\$0	\$850,507		\$391,764	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$34,414)	(\$35,029)	\$0	\$0	\$0	\$0	\$30,807		(\$30,192)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$170,652)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,803		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$39,983
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,162,400	\$2,610,091	\$0	\$488,831	\$560,458	\$0	\$710,662	\$390,803	\$361,572	\$39,983
8	Total Nursing Facility Days As Filed Days = 30,200	FY19 Audited C/R Days	30,200									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,826		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.62	\$86.43	\$0.00	\$16.19	\$18.56	(with L&H)	\$23.53	\$15.74	\$14.56	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.06	\$0.00	\$16.19	\$18.56		\$23.53	\$15.74	\$14.56	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.47	\$51.06	\$0.00	\$16.19	\$18.56		\$23.53	\$15.74	8.78 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.47	\$2.55	\$0.00	\$0.81	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.94	\$53.61	\$0.00	\$17.00	\$19.49	\$0.00	\$24.71	\$15.74	\$8.78	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8411								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.03	\$98.70	\$0.00	\$17.00	\$19.49	\$0.00	\$24.71	\$15.74	\$8.78	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.09	\$104.66	\$0.00	\$17.22	\$19.90	\$0.00	\$42.18	\$15.74	\$8.78	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lakeland Villa Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141732A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1393	1.4759
				Qtrly BIMS score		25.64%	1.0%	Quarterly Medicaid CMI:			1.1012	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		3.94	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1151	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,409,211	\$2,828,012	\$0	\$1,196,505	\$431,559	\$730,095	\$874,824		\$348,216	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$16,126)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,126)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,878)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44,625		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,327
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,427,159	\$2,828,012	\$0	\$1,196,505	\$431,559	\$730,095	\$848,946	\$44,625	\$332,090	\$15,327
8	Total Nursing Facility Days As Filed Days = 21,794	FY19 Audited C/R Days	21,794									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,984		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$294.75	\$129.76	\$0.00	\$54.90	\$53.30	(with L&H)	\$38.95	\$2.03	\$15.11	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1393								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$54.90	\$53.30		\$38.95	\$2.03	\$15.11	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.13	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$2.03	30.45 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.68	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.03	\$30.45	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1151								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.94	\$99.42	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.03	\$30.45	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$3.97	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.01	\$103.39	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$2.03	\$30.45	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Oaks at Limestone, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141743A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5985	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.90%	2.5%	Quarterly Medicaid CMI:			1.8011	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.30	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8342	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,895,674	\$3,852,419	\$0	\$549,350	\$808,915	\$0	\$1,231,428		\$453,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$138,886)	(\$96,040)	\$0	\$0	\$3,647	\$3,876	\$40,466		(\$90,835)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$196,921)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$451,216		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$80,327
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,091,410	\$3,756,379	\$0	\$549,350	\$812,562	\$3,876	\$1,074,973	\$451,216	\$362,727	\$80,327
8	Total Nursing Facility Days As Filed Days = 35,111	FY19 Audited C/R Days	35,111									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.04	\$106.99	\$0.00	\$15.65	\$23.25	(with L&H)	\$30.62	\$18.94	\$15.22	\$3.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.93	\$0.00	\$15.65	\$23.25		\$30.62	\$18.94	\$15.22	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.67	\$66.93	\$0.00	\$15.65	\$23.25		\$27.76	\$18.94	34.77 (FRV)	\$3.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.68	\$3.35	\$0.00	\$0.78	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.35	\$70.28	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$34.77	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8342								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.98	\$128.91	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$34.77	\$3.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$7.62	\$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	\$281.33	\$136.53	\$0.00	\$16.65	\$24.82	\$0.00	\$46.25	\$18.94	\$34.77	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Renaissance Care and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141754A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5036	1.4759
				Qtrly BIMS score		40.48%	2.5%	Quarterly Medicaid CMI:			1.7510	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		3.60	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7850	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,873,138	\$3,894,324	\$0	\$605,122	\$760,293	\$0	\$1,212,702		\$400,697	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$97,674)	(\$67,849)	\$0	\$0	(\$4,634)	(\$7,346)	\$61,791		(\$79,636)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$173,982		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,054,053	\$3,826,475	\$0	\$605,122	\$755,659	(\$7,346)	\$1,274,493	\$173,982	\$321,061	\$104,607
8	Total Nursing Facility Days As Filed Days = 44,807	FY19 Audited C/R Days	44,807									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.71	\$85.40	\$0.00	\$13.51	\$16.70	(with L&H)	\$28.44	\$4.54	\$8.39	\$2.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5036								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.80	\$0.00	\$13.51	\$16.70		\$28.44	\$4.54	\$8.39	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.78	\$56.80	\$0.00	\$13.51	\$16.70		\$27.76	\$4.54	8.74 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.75	\$2.84	\$0.00	\$0.68	\$0.84	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$59.64	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7850								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.35	\$106.46	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.40	\$111.78	\$0.00	\$14.41	\$17.95	\$0.00	\$46.25	\$4.54	\$8.74	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Magnolia Manor Marion County Prvdr ID: 00141809A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 42.55% Nurse Hours per On-Site Day/Quality Incentive: 3.18		<u>Facility Score</u> N/A 42.55% 3.18	<u>Add-on Percent</u> 5.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5837 Quarterly Medicaid CMI: 1.4929 Qtrly Mcaid CMI w RUG Wght Options: 1.5227			<u>Facility Specific</u> 1.5837 1.4929 1.5227	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,074,346	\$2,122,952	\$0	\$398,444	\$454,402	\$0	\$691,689		\$406,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$3,881)	\$0	\$0	\$0	\$4,076	\$5,863	(\$2,538)		(\$11,282)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,111)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,565		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,106,175	\$2,122,952	\$0	\$398,444	\$458,478	\$5,863	\$642,040	\$63,565	\$395,577	\$19,256
8	Total Nursing Facility Days As Filed Days = 21,414	FY19 Audited C/R Days	21,414									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,058		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.52	\$99.14	\$0.00	\$18.61	\$21.68	(with L&H)	\$29.98	\$3.34	\$20.76	\$1.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5837								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.60	\$0.00	\$18.61	\$21.68		\$29.98	\$3.34	\$20.76	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.49	\$62.60	\$0.00	\$18.61	\$21.68		\$27.76	\$3.34	29.49	\$1.01
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.53	\$3.13	\$0.00	\$0.93	\$1.08	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.02	\$65.73	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5227								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.38	\$100.09	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.76	\$7.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.14	\$107.12	\$0.00	\$19.76	\$23.17	\$0.00	\$46.25	\$3.34	\$29.49	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00141831A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.81% Nurse Hours per On-Site Day/Quality Incentive: 2.86		<u>Facility Score</u> 2.86	<u>Add-on Percent</u> 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3055 Quarterly Medicaid CMI: 1.5000 Qtrly Mcaid CMI w RUG Wght Options: 1.5267			<u>Facility Specific</u> 1.3055 1.5000 1.5267	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,914,826	\$4,801,271	\$0	\$935,047	\$1,069,811	\$0	\$1,691,658		\$1,417,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$234,305)	\$0	\$0	\$0	(\$6,033)	(\$7,680)	(\$92,943)		(\$127,649)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$274,934)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,566		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,903,611	\$4,801,271	\$0	\$935,047	\$1,063,778	(\$7,680)	\$1,323,781	\$356,566	\$1,289,390	\$141,458
8	Total Nursing Facility Days	FY19 Audited C/R Days	62,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								57,702		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.99	\$76.91	\$0.00	\$14.98	\$16.92	(with L&H)	\$21.20	\$6.18	\$22.35	\$2.45
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3055								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	\$22.35	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.93	\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	11.29 (FRV)	\$2.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.61	\$2.95	\$0.00	\$0.75	\$0.85	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.54	\$61.86	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5267								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.12	\$94.44	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.00	\$99.22	\$0.00	\$15.95	\$18.18	\$0.00	\$39.73	\$6.18	\$11.29	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Sadie G. Mays Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141842A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3700	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.73%	2.5%	Quarterly Medicaid CMI:			1.4763	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.06	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5026	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,822,504	\$7,370,461	\$0	\$1,327,873	\$1,528,904	\$0	\$3,348,763		\$246,503	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$76,395)	\$0	\$0	\$0	\$0	\$0	(\$21,352)		(\$55,043)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$250,508)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$599,867		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,095,468	\$7,370,461	\$0	\$1,327,873	\$1,528,904	\$0	\$3,076,903	\$599,867	\$191,460	\$0
8	Total Nursing Facility Days As Filed Days = 68,655	FY19 Audited C/R Days	68,655									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								54,832		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.22	\$107.36	\$0.00	\$19.34	\$22.27	(with L&H)	\$44.82	\$10.94	\$3.49	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3700								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.37	\$0.00	\$19.34	\$22.27		\$44.82	\$10.94	\$3.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.43	\$78.37	\$0.00	\$19.34	\$22.27		\$27.76	\$10.94	11.75 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.39	\$3.92	\$0.00	\$0.97	\$1.11	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.82	\$82.29	\$0.00	\$20.31	\$23.38	\$0.00	\$29.15	\$10.94	\$11.75	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5026								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.18	\$123.65	\$0.00	\$20.31	\$23.38	\$0.00	\$29.15	\$10.94	\$11.75	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.43	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.61	\$133.45	\$0.00	\$20.53	\$23.79	\$0.00	\$29.15	\$10.94	\$11.75	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: McRae Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141853A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5373	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		27.85%	1.0%	Quarterly Medicaid CMI:			1.4442	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4698	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,414,293	\$2,893,095	\$0	\$594,913	\$757,219	\$0	\$1,128,818		\$40,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$49,542)	(\$2,258)	\$0	\$0	(\$1,324)	(\$1,390)	(\$9,030)		(\$35,540)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$367,943)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$379,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,036
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,426,844	\$2,890,837	\$0	\$594,913	\$755,895	(\$1,390)	\$751,845	\$379,000	\$4,708	\$51,036
8	Total Nursing Facility Days As Filed Days = 35,999	FY19 Audited C/R Days	35,999									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.79	\$80.30	\$0.00	\$16.53	\$20.96	(with L&H)	\$20.89	\$12.30	\$0.15	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5373								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.23	\$0.00	\$16.53	\$20.96		\$20.89	\$12.30	\$0.15	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.60	\$52.23	\$0.00	\$16.53	\$20.96		\$20.89	\$12.30	11.03 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.53	\$2.61	\$0.00	\$0.83	\$1.05	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.13	\$54.84	\$0.00	\$17.36	\$22.01	\$0.00	\$21.93	\$12.30	\$11.03	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4698								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$80.60	\$0.00	\$17.36	\$22.01	\$0.00	\$21.93	\$12.30	\$11.03	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.75	\$84.36	\$0.00	\$17.58	\$22.42	\$0.00	\$39.40	\$12.30	\$11.03	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Meadowbrook Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141864A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7927	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.99%	5.5%	Quarterly Medicaid CMI:			1.8647	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		1.94	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8999	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,895,911	\$3,813,118	\$0	\$680,604	\$766,674	\$0	\$1,651,010		\$1,984,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$96,189)	(\$9,639)	\$0	\$0	\$0	\$0	\$0		(\$86,550)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,459)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$118,078		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,020,677	\$3,803,479	\$0	\$680,604	\$766,674	\$0	\$1,603,551	\$118,078	\$1,897,955	\$150,336
8	Total Nursing Facility Days As Filed Days = 46,555	FY19 Audited C/R Days	46,555									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,771		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.79	\$81.70	\$0.00	\$14.62	\$16.47	(with L&H)	\$34.44	\$3.30	\$53.06	\$4.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.57	\$0.00	\$14.62	\$16.47		\$34.44	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.19	\$45.57	\$0.00	\$14.62	\$16.47		\$27.76	\$3.30	15.27 (FRV)	\$4.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.22	\$2.28	\$0.00	\$0.73	\$0.82	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.41	\$47.85	\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8999								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.47	\$90.91	\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.00	\$5.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$8.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.46	\$99.17	\$0.00	\$15.57	\$17.70	\$0.00	\$46.25	\$3.30	\$15.27	\$4.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.27									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.33									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.92									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 5.18		Facility Score: N/A Add-on Percent: 5.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3161 Quarterly Medicaid CMI: 1.7720 Qtrly Mcaid CMI w RUG Wght Options: 1.8070				Facility Specific: 1.3161 1.7720 1.8070	State-wide: 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 134,420		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								10,404		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$41.46	\$1.24
<u>Allowed @ 95% of Std</u>			\$195.82	\$80.66		\$21.53	\$24.56		\$26.37		\$41.46	\$1.24
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$216.40	\$84.69		\$22.61	\$25.79		\$27.69	\$ 12.92	\$41.46	\$1.24
Quarterly Facility Case Mix Index for Medicaid Residents				1.8070							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$153.04								
Quarterly Medicaid CMA Allowed Per Diem			\$276.01	\$153.04		\$22.61	\$25.79		\$27.69	4.19	\$41.46	\$1.24
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% to Routine Srvs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.59	\$4.59								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$21.69									
Quarterly Case Mix Based Per Diem Rate			\$297.70	\$157.63		\$22.61	\$25.79		\$44.79	\$4.19	\$41.46	\$1.24
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$210.45										

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Macon, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141908A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4140	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.79%	1.0%	Quarterly Medicaid CMI:			1.5539	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.21	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5827	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$12,177,893	\$7,020,408	\$0	\$986,332	\$1,404,891	\$0	\$2,099,068		\$667,194	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$288,425)	(\$193,021)	\$0	\$0	(\$5,477)	(\$5,246)	\$17,360		(\$102,041)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$432,207)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$981,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,470,597	\$6,827,387	\$0	\$986,332	\$1,399,414	(\$5,246)	\$1,684,221	\$981,353	\$565,153	\$31,983
8	Total Nursing Facility Days As Filed Days = 72,953	FY19 Audited C/R Days	67,350									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,171		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.33	\$101.37	\$0.00	\$14.64	\$20.70	(with L&H)	\$25.01	\$17.79	\$10.24	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	\$10.24	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.00	\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	8.59 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.58	\$0.00	\$0.73	\$1.04	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.60	\$75.27	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5827								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.46	\$119.13	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.66	\$123.23	\$0.00	\$15.59	\$22.15	\$0.00	\$43.73	\$17.79	\$8.59	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Memorial Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141919A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.44%	2.5%	Quarterly Medicaid CMI:			1.3177	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.43	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3381	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,565,944	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$705,102		\$197,269	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,888)	\$0	\$0	\$0	\$0	\$0	\$0		(\$41,888)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$2,566)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$28,876		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,601,374	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$702,536	\$28,876	\$155,381	\$51,008
8	Total Nursing Facility Days As Filed Days = 34,641	FY19 Audited C/R Days	34,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,435		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.25	\$101.85	\$0.00	\$38.23	\$23.41	(with L&H)	\$20.28	\$0.92	\$4.94	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.57	\$0.00	\$38.23	\$23.41		\$20.28	\$0.92	\$4.94	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.57	\$0.00	\$32.43	\$23.41		\$20.28	\$0.92	10.95 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.68	\$3.88	\$0.00	\$1.62	\$1.17	\$0.00	\$1.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$81.45	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3381								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.40	\$108.99	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.43	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.71	\$114.42	\$0.00	\$34.05	\$24.99	\$0.00	\$38.76	\$0.92	\$10.95	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Medical Management H & R				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141941A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6565	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.75%	2.5%	Quarterly Medicaid CMI:			1.6509	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6821	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,171,244	\$2,169,081	\$0	\$391,706	\$514,662	\$0	\$596,035		\$499,760	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$94,259)	(\$25,645)	\$0	\$0	\$0	\$0	(\$4,654)		(\$63,960)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,524)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$62,368
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,100,829	\$2,143,436	\$0	\$391,706	\$514,662	\$0	\$552,857	\$0	\$435,800	\$62,368
8	Total Nursing Facility Days As Filed Days = 29,804	FY19 Audited C/R Days	29,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,697		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.54	\$71.92	\$0.00	\$13.14	\$17.27	(with L&H)	\$18.55	\$0.00	\$16.32	\$2.34
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6565								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	\$16.32	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.23	\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	8.51 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.62	\$2.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.85	\$45.59	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6821								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.95	\$76.69	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.80	\$81.44	\$0.00	\$14.02	\$18.54	\$0.00	\$36.95	\$0.00	\$8.51	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Warm Springs Med. Ctr. NH				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141952A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1855	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.29%	2.5%	Quarterly Medicaid CMI:			1.3274	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.23	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.3479	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,173,551	\$2,139,589	\$0	\$699,682	\$253,367	\$288,670	\$594,959		\$197,284	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$12,879)	(\$4,825)	\$0	(\$2,879)	\$2,630	(\$4,526)	\$0		(\$3,279)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,321)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$40,843		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$8,356
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,186,551	\$2,134,764	\$0	\$696,803	\$255,997	\$284,144	\$571,638	\$40,843	\$194,005	\$8,356
8	Total Nursing Facility Days As Filed Days = 25,542	FY19 Audited C/R Days	25,542									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,843		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.45	\$83.58	\$0.00	\$27.28	\$21.15	(with L&H)	\$22.38	\$1.52	\$7.23	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.1855								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	\$7.23	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.89	\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	11.75 (FRV)	\$0.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.07	\$3.53	\$0.00	\$1.36	\$1.06	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.96	\$74.03	\$0.00	\$28.64	\$22.21	\$0.00	\$23.50	\$1.52	\$11.75	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3479								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.72	\$99.79	\$0.00	\$28.64	\$22.21	\$0.00	\$23.50	\$1.52	\$11.75	\$0.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.84	\$104.81	\$0.00	\$28.86	\$22.62	\$0.00	\$40.97	\$1.52	\$11.75	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Azalea Health & Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141963A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4117	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.73%	2.5%	Quarterly Medicaid CMI:			1.7050	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7362	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,022,242	\$2,124,342	\$0	\$466,618	\$442,061	\$0	\$752,857		\$236,364	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,020)	\$1,510	\$0	\$0	(\$351)	(\$4,722)	(\$10,646)		(\$30,811)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$67,306)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$115,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,135
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,082,238	\$2,125,852	\$0	\$466,618	\$441,710	(\$4,722)	\$674,905	\$115,188	\$205,553	\$57,135
8	Total Nursing Facility Days As Filed Days = 27,037	FY19 Audited C/R Days	27,037									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.49	\$78.63	\$0.00	\$17.26	\$16.16	(with L&H)	\$24.96	\$5.33	\$9.51	\$2.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4117								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	\$9.51	\$2.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.19	\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	11.14 (FRV)	\$2.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.71	\$2.79	\$0.00	\$0.86	\$0.81	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.90	\$58.49	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7362								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.96	\$101.55	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.18	\$107.67	\$0.00	\$18.34	\$17.38	\$0.00	\$43.68	\$5.33	\$11.14	\$2.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Eastman Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141974A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3227	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.84%	1.0%	Quarterly Medicaid CMI:			1.2641	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.92	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2834	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,215,326	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$559,591		\$789,955	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$32,963)	\$0	\$0	\$0	\$0	\$0	(\$1,650)		(\$31,313)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,355)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,865		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,640
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,256,513	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$535,586	\$49,865	\$758,642	\$46,640
8	Total Nursing Facility Days As Filed Days = 32,554	FY19 Audited C/R Days	32,554									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.67	\$61.27	\$0.00	\$12.49	\$14.26	(with L&H)	\$16.45	\$1.53	\$23.24	\$1.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3227								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	\$23.24	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.40	\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	8.92 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.47	\$2.32	\$0.00	\$0.62	\$0.71	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.87	\$48.64	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2834								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$119.65	\$62.42	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.62	\$0.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.12	\$3.02	\$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	\$140.77	\$65.44	\$0.00	\$13.33	\$15.38	\$0.00	\$34.74	\$1.53	\$8.92	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.75									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$173.15									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$117.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Woodlands Health & Rehab Ctr. Prvdr ID: 00141985A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 43.33% Nurse Hours per On-Site Day/Quality Incentive: 2.87			<u>Facility Score</u> Add-on Percent 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1084 Quarterly Medicaid CMI: 1.2556 Qtrly Mcaid CMI w RUG Wght Options: 1.2745			<u>Facility Specific</u> 1.1084 1.2556 1.2745	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,148,315	\$2,634,956	\$0	\$507,701	\$473,348	\$0	\$831,533		\$700,777	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$64,926)	\$0	\$0	\$0	\$0	\$0	\$0		(\$64,926)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$202,876		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$130,522
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,416,787	\$2,634,956	\$0	\$507,701	\$473,348	\$0	\$831,533	\$202,876	\$635,851	\$130,522
8	Total Nursing Facility Days As Filed Days = 40,251	FY19 Audited C/R Days	40,251									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.94	\$65.46	\$0.00	\$12.61	\$11.76	(with L&H)	\$20.66	\$7.84	\$24.57	\$5.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1084								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.06	\$0.00	\$12.61	\$11.76		\$20.66	\$7.84	\$24.57	\$5.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.67	\$59.06	\$0.00	\$12.61	\$11.76		\$20.66	\$7.84	12.70 (FRV)	\$5.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.20	\$2.95	\$0.00	\$0.63	\$0.59	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.87	\$62.01	\$0.00	\$13.24	\$12.35	\$0.00	\$21.69	\$7.84	\$12.70	\$5.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2745								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.89	\$79.03	\$0.00	\$13.24	\$12.35	\$0.00	\$21.69	\$7.84	\$12.70	\$5.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.87	\$83.91	\$0.00	\$13.46	\$12.76	\$0.00	\$39.16	\$7.84	\$12.70	\$5.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.33									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 58.2% Nurse Hours per On-Site Day/Quality Incentive: 5.31		Facility Score: N/A BIMS: 58.2% 5.31	Add-on Percent: 5.00% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 2.0872 Quarterly Medicaid CMI: 2.2027 Qtrly Mcaid CMI w RUG Wght Options: 2.2458			Facility Specific: 2.0872 2.2027 2.2458	State-wide: 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 69,303		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								21,893		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$32.43	\$25.85		\$27.76		\$23.75	\$1.02
<u>Allowed @ 95% of Std</u>			\$187.17	\$80.66		\$30.81	\$24.56		\$26.37		\$23.75	\$1.02
Growth Allowance 5.0%			\$8.12	\$4.03		\$1.54	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$198.46	\$84.69		\$32.35	\$25.79		\$27.69	\$ 3.17	\$23.75	\$1.02
Quarterly Facility Case Mix Index for Medicaid Residents				2.2458							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$190.20								
Quarterly Medicaid CMA Allowed Per Diem			\$303.97	\$190.20		\$32.35	\$25.79		\$27.69	3.17	\$23.75	\$1.02
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% to Routine Srvcs)			\$10.46	\$10.46								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$7.61	\$7.61								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$35.17									
Quarterly Case Mix Based Per Diem Rate			\$339.14	\$208.27		\$32.35	\$25.79		\$44.79	\$3.17	\$23.75	\$1.02
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$241.53									

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: New Horizons Limestone				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142007A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3070	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		14.75%	0.0%	Quarterly Medicaid CMI:			1.2714	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.28	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2924	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,736,669	\$5,615,351	\$0	\$1,311,032	\$475,032	\$741,054	\$1,845,986		\$748,214	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$10,832)	(\$301)	\$0	\$0	\$0	\$0	(\$5,955)		(\$4,576)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$64,743)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,292		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,786
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,730,172	\$5,615,050	\$0	\$1,311,032	\$475,032	\$741,054	\$1,775,288	\$63,292	\$743,638	\$5,786
8	Total Nursing Facility Days As Filed Days = 38,819	FY19 Audited C/R Days	38,819									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$277.57	\$144.65	\$0.00	\$33.77	\$31.33	(with L&H)	\$45.73	\$1.72	\$20.21	\$0.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.67	\$0.00	\$33.77	\$31.33		\$45.73	\$1.72	\$20.21	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.68	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$1.72	11.85 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.23	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2924								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.30	\$115.23	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.40	\$2.30	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.70	\$117.53	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.72	\$11.85	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Mitchell Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142018A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4420	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		21.62%	1.0%	Quarterly Medicaid CMI:			1.6648	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6950	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,469,422	\$1,798,013	\$0	\$475,395	\$272,685	\$271,268	\$459,595		\$192,466	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$14,699)	\$0	\$0	\$0	(\$4,775)	(\$4,750)	\$0		(\$5,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$9,551)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$14,813		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,465,701	\$1,798,013	\$0	\$475,395	\$267,910	\$266,518	\$450,044	\$14,813	\$187,292	\$5,716
8	Total Nursing Facility Days As Filed Days = 17,271	FY19 Audited C/R Days	17,271									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.95	\$104.11	\$0.00	\$27.53	\$30.94	(with L&H)	\$26.06	\$0.95	\$11.99	\$0.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.20								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.20	\$0.00	\$27.53	\$30.94		\$26.06	\$0.95	\$11.99	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$72.20	\$0.00	\$27.53	\$25.85		\$26.06	\$0.95	12.28 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.58	\$3.61	\$0.00	\$1.38	\$1.29	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.82	\$75.81	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6950								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.51	\$128.50	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.68	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.88	\$134.18	\$0.00	\$29.13	\$27.14	\$0.00	\$44.83	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.84									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Montezuma Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142062A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4297	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		63.04%	5.5%	Quarterly Medicaid CMI:			1.6509	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6791	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,201,066	\$2,346,348	\$0	\$405,197	\$521,394	\$0	\$757,888		\$170,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$70,074)	(\$4,853)	\$0	\$0	(\$1,471)	(\$2,403)	(\$50,902)		(\$10,445)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,559)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,193,238	\$2,341,495	\$0	\$405,197	\$519,923	(\$2,403)	\$653,427	\$105,560	\$159,794	\$10,245
8	Total Nursing Facility Days As Filed Days = 24,299	FY19 Audited C/R Days	24,299									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.78	\$96.36	\$0.00	\$16.68	\$21.30	(with L&H)	\$26.89	\$5.57	\$8.44	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	\$8.44	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.96	\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	10.58 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.37	\$0.00	\$0.83	\$1.07	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.57	\$70.77	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6791								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.63	\$118.83	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.73	\$10.63	\$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	\$232.36	\$129.46	\$0.00	\$17.73	\$22.78	\$0.00	\$45.70	\$5.57	\$10.58	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Avalon Hlth. & Rehab Prvdr ID: 00142084A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 39.22% Nurse Hours per On-Site Day/Quality Incentive: 3.40		N/A 2.5% 2.0%	5.00%	Base Period Overall CMI: 1.5107 Quarterly Medicaid CMI: 1.3147 Qtrly Mcaid CMI w RUG Wght Options: 1.3367			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,512,304	\$2,832,711	\$0	\$501,531	\$625,334	\$0	\$841,697		\$711,031	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$107,787)	(\$7,327)	\$0	\$0	(\$10,138)	(\$4,765)	(\$77,383)		(\$8,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,905)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$93,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,358
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,459,570	\$2,825,384	\$0	\$501,531	\$615,196	(\$4,765)	\$716,409	\$93,600	\$702,857	\$9,358
8	Total Nursing Facility Days As Filed Days = 29,370	FY19 Audited C/R Days	29,370									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,679		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.62	\$96.20	\$0.00	\$17.08	\$20.78	(with L&H)	\$24.39	\$4.32	\$32.42	\$0.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5107								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	\$32.42	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	11.16 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.18	\$0.00	\$0.85	\$1.04	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.13	\$66.86	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3367								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.64	\$89.37	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.29	\$93.92	\$0.00	\$18.15	\$22.23	\$0.00	\$43.08	\$4.32	\$11.16	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.14									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$219.54									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$151.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Moultrie				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142095A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5386	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.90%	2.5%	Quarterly Medicaid CMI:			1.6230	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.21	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6545	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,847,479	\$1,800,911	\$0	\$339,141	\$524,437	\$0	\$681,863		\$501,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,620)	(\$23,355)	\$0	\$0	\$0	\$0	\$9,470		(\$26,735)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$129,249)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$294,958		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,162
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,003,730	\$1,777,556	\$0	\$339,141	\$524,437	\$0	\$562,084	\$294,958	\$474,392	\$31,162
8	Total Nursing Facility Days As Filed Days = 24,115	FY19 Audited C/R Days	24,115									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,366		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.17	\$73.71	\$0.00	\$14.06	\$21.75	(with L&H)	\$23.31	\$15.23	\$24.50	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5386								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.91								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	\$24.50	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.72	\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	13.85 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.36	\$2.40	\$0.00	\$0.70	\$1.09	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.08	\$50.31	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6545								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.01	\$83.24	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.22	\$88.35	\$0.00	\$14.98	\$23.25	\$0.00	\$41.95	\$15.23	\$13.85	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Clinch Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142106A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4909	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.33%	2.5%	Quarterly Medicaid CMI:			1.6511	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6817	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,424,862	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$610,640		\$268,372	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$28,770)	\$0	\$0	\$0	\$0	\$0	(\$9,683)		(\$19,087)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,895)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,973		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,454,815	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$578,062	\$56,973	\$249,285	\$24,645
8	Total Nursing Facility Days As Filed Days = 26,662	FY19 Audited C/R Days	26,662									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.45	\$67.43	\$0.00	\$13.13	\$14.93	(with L&H)	\$21.68	\$1.94	\$8.50	\$0.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4909								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	\$8.50	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.11	\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	7.36 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.75	\$2.26	\$0.00	\$0.66	\$0.75	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.86	\$47.49	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6817								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.23	\$79.86	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.60	\$1.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.46	\$83.99	\$0.00	\$14.01	\$16.09	\$0.00	\$40.23	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Orchard View Rehabilitation				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142117A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3098	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.78%	5.5%	Quarterly Medicaid CMI:			1.6225	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.81	3.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.6507	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$14,802,206	\$8,297,295	\$0	\$1,343,073	\$1,468,429	\$0	\$1,655,384		\$2,038,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$9,874)	(\$104,966)	\$0	\$0	\$0	\$0	\$128,327		(\$33,235)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,715)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,401		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$39,468
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,897,486	\$8,192,329	\$0	\$1,343,073	\$1,468,429	\$0	\$1,604,996	\$244,401	\$2,004,790	\$39,468
8	Total Nursing Facility Days As Filed Days = 62,889	FY19 Audited C/R Days	62,889									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,768		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.44	\$130.27	\$0.00	\$21.36	\$23.35	(with L&H)	\$25.52	\$5.23	\$42.87	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3098								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.46								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.46	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	\$42.87	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.33	\$84.91	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	38.12 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.77	\$4.25	\$0.00	\$1.07	\$1.17	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.10	\$89.16	\$0.00	\$22.43	\$24.52	\$0.00	\$26.80	\$5.23	\$38.12	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6507								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.12	\$147.18	\$0.00	\$22.43	\$24.52	\$0.00	\$26.80	\$5.23	\$38.12	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.09	\$8.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$13.51	\$12.51	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.63	\$159.69	\$0.00	\$22.65	\$24.93	\$0.00	\$27.17	\$5.23	\$38.12	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Summerhill Elderliving Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142139A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4504	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		45.65%	5.5%	Quarterly Medicaid CMI:			1.5548	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5811	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,148,238	\$5,901,167	\$0	\$1,263,796	\$1,289,857	\$0	\$1,372,860		\$320,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$107,120)	(\$658)	\$0	\$0	(\$4,808)	(\$7,883)	(\$7,731)		(\$86,040)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$142,238)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$235,416		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$90,683
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,224,979	\$5,900,509	\$0	\$1,263,796	\$1,285,049	(\$7,883)	\$1,222,891	\$235,416	\$234,518	\$90,683
8	Total Nursing Facility Days As Filed Days = 55,387	FY19 Audited C/R Days	55,387									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.87	\$106.53	\$0.00	\$22.82	\$23.06	(with L&H)	\$22.08	\$4.78	\$4.76	\$1.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4504								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$22.82	\$23.06		\$22.08	\$4.78	\$4.76	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$73.45	\$0.00	\$22.66	\$23.06		\$22.08	\$4.78	17.37 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.67	\$0.00	\$1.13	\$1.15	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.29	\$77.12	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5811								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.10	\$121.93	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.71	\$6.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.78	\$10.90	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.88	\$132.83	\$0.00	\$23.79	\$24.62	\$0.00	\$40.65	\$4.78	\$17.37	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Heritage Inn of Statesboro Prvdr ID: 00142161A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 28.00% Nurse Hours per On-Site Day/Quality Incentive: 2.70		N/A 1.0% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:		1.6645 1.3711 1.3929	1.4759 1.4983 1.5246		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,554,156	\$2,196,329	\$0	\$489,240	\$477,822	\$0	\$752,536		\$638,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$117,469)	(\$35,362)	\$0	\$0	\$0	(\$7,555)	(\$37,954)		(\$36,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,140)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,980		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,520,979	\$2,160,967	\$0	\$489,240	\$477,822	(\$7,555)	\$665,442	\$96,980	\$601,631	\$36,452
8	Total Nursing Facility Days As Filed Days = 28,558	FY19 Audited C/R Days	28,558									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.15	\$75.67	\$0.00	\$17.13	\$16.47	(with L&H)	\$23.30	\$4.56	\$28.31	\$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6645								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	\$28.31	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.74	\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	8.11 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.12	\$2.27	\$0.00	\$0.86	\$0.82	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.86	\$47.73	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3929								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.61	\$66.48	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.66	\$0.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.33	\$1.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.62	\$2.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.23	\$69.00	\$0.00	\$18.21	\$17.70	\$0.00	\$41.94	\$4.56	\$8.11	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.10									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$182.99									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$124.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Nursecare of Buckhead Prvdr ID: 00142183A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 30.14% Nurse Hours per On-Site Day/Quality Incentive: 3.03			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4328 Quarterly Medicaid CMI: 1.6231 Qtrly Mcaid CMI w RUG Wght Options: 1.6526			Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$14,607,840	\$6,604,002	\$0	\$1,245,462	\$1,459,932	\$0	\$2,281,842		\$3,016,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$257,793)	(\$33,537)	\$0	\$0	\$0	\$0	\$40,445		(\$264,701)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$317,800)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$433,198		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$300,179
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,765,624	\$6,570,465	\$0	\$1,245,462	\$1,459,932	\$0	\$2,004,487	\$433,198	\$2,751,901	\$300,179
8	Total Nursing Facility Days As Filed Days = 74,747	FY19 Audited C/R Days	74,747									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,552		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.08	\$87.90	\$0.00	\$16.66	\$19.53	(with L&H)	\$26.82	\$6.61	\$41.98	\$4.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4328								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	\$41.98	\$4.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.27	\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	11.72 (FRV)	\$4.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.22	\$3.07	\$0.00	\$0.83	\$0.98	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.49	\$64.42	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6526								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.53	\$106.46	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.95	\$111.78	\$0.00	\$17.71	\$20.92	\$0.00	\$45.63	\$6.61	\$11.72	\$4.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Pinewood Nursing Ctr Prvdr ID: 00142205A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 31.91% Nurse Hours per On-Site Day/Quality Incentive: 2.69		N/A 2.5% 3.0%	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.1741 Quarterly Medicaid CMI: 1.2031 Qtrtly Mcaid CMI w RUG Wght Options: 1.2212			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,531,953	\$1,472,038	\$0	\$337,582	\$439,902	\$0	\$522,833		\$759,598	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$38,326)	\$0	\$0	\$0	\$0	\$0	\$0		(\$38,326)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$29,398)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,024		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$62,971
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,575,224	\$1,472,038	\$0	\$337,582	\$439,902	\$0	\$493,435	\$48,024	\$721,272	\$62,971
8	Total Nursing Facility Days As Filed Days = 24,890	FY19 Audited C/R Days	24,890									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.60	\$59.14	\$0.00	\$13.56	\$17.67	(with L&H)	\$19.82	\$2.68	\$40.22	\$3.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1741								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	\$40.22	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.86	\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	8.25 (FRV)	\$3.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.07	\$2.52	\$0.00	\$0.68	\$0.88	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$52.89	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2212								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.63	\$64.59	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$154.81	\$68.67	\$0.00	\$14.46	\$18.96	\$0.00	\$38.28	\$2.68	\$8.25	\$3.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.28									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$199.89									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$137.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Oakview Health & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142238A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4815	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.19%	2.5%	Quarterly Medicaid CMI:			1.4797	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5052	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,200,220	\$4,745,815	\$0	\$881,271	\$1,008,077	\$0	\$1,436,917		\$1,128,140	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$178,259)	\$0	\$0	\$0	\$0	(\$1,468)	(\$133,192)		(\$43,599)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$79,755)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$157,040		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,146,164	\$4,745,815	\$0	\$881,271	\$1,008,077	(\$1,468)	\$1,223,970	\$157,040	\$1,084,541	\$46,918
8	Total Nursing Facility Days As Filed Days = 51,635	FY19 Audited C/R Days	51,635									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								45,457		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.51	\$91.91	\$0.00	\$17.07	\$19.49	(with L&H)	\$23.70	\$3.45	\$23.86	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4815								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.04	\$0.00	\$17.07	\$19.49		\$23.70	\$3.45	\$23.86	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.06	\$62.04	\$0.00	\$17.07	\$19.49		\$23.70	\$3.45	16.28 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.10	\$0.00	\$0.85	\$0.97	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.17	\$65.14	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5052								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.08	\$98.05	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.10	\$103.97	\$0.00	\$18.14	\$20.87	\$0.00	\$42.36	\$3.45	\$16.28	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Oak View Home - Waverly Hall				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142249A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2607	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.99%	2.5%	Quarterly Medicaid CMI:			1.2458	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.23	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2677	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY19 C/R - FY19 GL/PL Rpt	\$5,495,656	\$2,757,041	\$0	\$533,300	\$650,659	\$0	\$1,237,682		\$316,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$478,009)	(\$28,619)	\$0	\$614	\$0	(\$6,081)	(\$421,811)		(\$22,112)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,300)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$107,380		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,097,915	\$2,728,422	\$0	\$533,914	\$650,659	(\$6,081)	\$762,571	\$107,380	\$294,862	\$26,188
8	Total Nursing Facility Days As Filed Days = 34,362	FY19 Audited C/R Days	34,362									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,920		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.71	\$79.40	\$0.00	\$15.54	\$18.76	(with L&H)	\$22.19	\$3.71	\$10.20	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.98								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.98	\$0.00	\$15.54	\$18.76		\$22.19	\$3.71	\$10.20	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.34	\$62.98	\$0.00	\$15.54	\$18.76		\$22.19	\$3.71	10.25 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.98	\$3.15	\$0.00	\$0.78	\$0.94	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.32	\$66.13	\$0.00	\$16.32	\$19.70	\$0.00	\$23.30	\$3.71	\$10.25	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2677								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.02	\$83.83	\$0.00	\$16.32	\$19.70	\$0.00	\$23.30	\$3.71	\$10.25	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.43	\$88.14	\$0.00	\$16.54	\$20.11	\$0.00	\$40.77	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Oaks Nursing Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142271A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6628	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.50%	5.5%	Quarterly Medicaid CMI:			1.6467	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6790	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,270,149	\$1,837,155	\$0	\$342,820	\$483,574	\$0	\$527,453		\$79,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,021)	(\$1,360)	\$0	\$0	\$0	\$0	\$0		(\$24,661)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,258)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44,590		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,912
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,283,372	\$1,835,795	\$0	\$342,820	\$483,574	\$0	\$490,195	\$44,590	\$54,486	\$31,912
8	Total Nursing Facility Days As Filed Days = 21,030	FY19 Audited C/R Days	21,030									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.09	\$87.29	\$0.00	\$16.30	\$22.99	(with L&H)	\$23.31	\$2.11	\$2.58	\$1.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6628								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	\$2.58	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	14.99 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.77	\$2.63	\$0.00	\$0.82	\$1.15	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.48	\$55.13	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6790								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.91	\$92.56	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.09	\$5.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.41	\$100.96	\$0.00	\$17.34	\$24.55	\$0.00	\$41.95	\$2.11	\$14.99	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Oconee Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142293A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4030	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		17.24%	0.0%	Quarterly Medicaid CMI:			1.2557	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.22	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2781	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,047,965	\$1,495,217	\$0	\$332,133	\$389,420	\$0	\$538,198		\$292,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$29,333)	\$0	\$0	\$0	\$0	(\$3,890)	(\$9,987)		(\$15,456)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$27,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,910		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,325
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,058,827	\$1,495,217	\$0	\$332,133	\$389,420	(\$3,890)	\$501,171	\$52,910	\$277,541	\$14,325
8	Total Nursing Facility Days As Filed Days = 16,661	FY19 Audited C/R Days	16,661									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,569		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.69	\$89.74	\$0.00	\$19.93	\$23.14	(with L&H)	\$30.08	\$4.57	\$23.99	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.96	\$0.00	\$19.93	\$23.14		\$30.08	\$4.57	\$23.99	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.67	\$63.96	\$0.00	\$19.93	\$23.14		\$27.76	\$4.57	11.07 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.20	\$0.00	\$1.00	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$67.16	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2781								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.10	\$85.84	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.84	\$3.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.94	\$88.95	\$0.00	\$21.15	\$24.71	\$0.00	\$46.25	\$4.57	\$11.07	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.63									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$208.01									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$143.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Old Capitol				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142304A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3231	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		44.94%	2.5%	Quarterly Medicaid CMI:			1.3130	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.88	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3352	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,158,357	\$3,411,485	\$0	\$590,051	\$766,318	\$0	\$1,030,363		\$360,140	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$91,926)	(\$38,228)	\$0	\$0	\$0	\$0	(\$4,766)		(\$48,932)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$270,891)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$615,542		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,309
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,418,391	\$3,373,257	\$0	\$590,051	\$766,318	\$0	\$754,706	\$615,542	\$311,208	\$7,309
8	Total Nursing Facility Days As Filed Days = 44,238	FY19 Audited C/R Days	44,238									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.31	\$76.25	\$0.00	\$13.34	\$17.32	(with L&H)	\$17.06	\$17.36	\$8.77	\$0.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	\$8.77	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.24	\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	8.32 (FRV)	\$0.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.27	\$2.88	\$0.00	\$0.67	\$0.87	\$0.00	\$0.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.51	\$60.51	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3352								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.79	\$80.79	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.86	\$85.76	\$0.00	\$14.23	\$18.60	\$0.00	\$35.38	\$17.36	\$8.32	\$0.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Ocilla				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142315A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5355	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		14.29%	0.0%	Quarterly Medicaid CMI:			1.4932	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		6.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5207	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,824,163	\$1,946,022	\$0	\$325,027	\$526,874	\$0	\$688,180		\$338,060	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$37,138)	(\$24,943)	\$0	\$0	(\$724)	\$0	\$11,053		(\$22,524)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$157,442)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$358,452		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,863
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,014,898	\$1,921,079	\$0	\$325,027	\$526,150	\$0	\$541,791	\$358,452	\$315,536	\$26,863
8	Total Nursing Facility Days As Filed Days = 23,877	FY19 Audited C/R Days	23,877									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,479		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.02	\$80.46	\$0.00	\$13.61	\$22.04	(with L&H)	\$22.69	\$17.50	\$15.41	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5355								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.40	\$0.00	\$13.61	\$22.04		\$22.69	\$17.50	\$15.41	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$52.40	\$0.00	\$13.61	\$22.04		\$22.69	\$17.50	10.08 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.53	\$2.62	\$0.00	\$0.68	\$1.10	\$0.00	\$1.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.16	\$55.02	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5207								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.81	\$83.67	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.62	\$88.38	\$0.00	\$14.51	\$23.55	\$0.00	\$41.29	\$17.50	\$10.08	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.64									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$234.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$162.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Palemon Gaskins Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142326A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2352	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.75%	2.5%	Quarterly Medicaid CMI:			0.9594	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		7.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			0.9696	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,236,615	\$992,917	\$0	\$507,620	\$116,577	\$228,961	\$423,578		(\$33,038)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$508)	\$2,845	\$0	(\$54,392)	(\$17,108)	(\$7,414)	(\$23,414)		\$98,975	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,451)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$2,963
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,227,179	\$995,762	\$0	\$453,228	\$99,469	\$221,547	\$375,713	\$12,560	\$65,937	\$2,963
8	Total Nursing Facility Days As Filed Days = 10,179	FY19 Audited C/R Days	10,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								9,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.63	\$97.83	\$0.00	\$44.53	\$31.54	(with L&H)	\$36.91	\$1.36	\$7.14	\$0.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2352								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.20	\$0.00	\$44.53	\$31.54		\$36.91	\$1.36	\$7.14	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.28	\$79.20	\$0.00	\$32.43	\$25.85		\$27.76	\$1.36	15.36 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.26	\$3.96	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.54	\$83.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		0.9696								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.01	\$80.63	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$4.97	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.08	\$85.60	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.36	\$15.36	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Palmyra Prvdr ID: 00142337A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 41.18% Nurse Hours per On-Site Day/Quality Incentive: 3.87		N/A 41.18% 3.87	5.00% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.4564 1.4506 1.4764	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,683,208	\$7,503,830	\$0	\$1,049,893	\$1,374,447	\$0	\$1,859,708		\$895,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$183,943)	(\$151,463)	\$0	\$0	(\$6,390)	\$0	\$45,025		(\$71,115)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$474,240)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$1,001,633		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,422
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,087,080	\$7,352,367	\$0	\$1,049,893	\$1,368,057	\$0	\$1,430,493	\$1,001,633	\$824,215	\$60,422
8	Total Nursing Facility Days As Filed Days = 79,681	FY19 Audited C/R Days	79,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								54,779		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.00	\$92.27	\$0.00	\$13.18	\$17.17	(with L&H)	\$17.95	\$18.28	\$15.05	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.36								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	\$15.05	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.83	\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	9.79 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.59	\$3.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.42	\$66.53	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4764								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.11	\$98.22	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.16	\$103.17	\$0.00	\$14.06	\$18.44	\$0.00	\$36.32	\$18.28	\$9.79	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.05									

MONTH: 7/1/2021 FINAL

FISCAL YEAR ENDING JUNE 30, 2019 with Audited 2021 GL/PL-FRV-T&I 2021 RSMeans FRV 14.66

Provider Name	Provider Number	RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel		
PARKWOOD DEV. CTR.	00142348A	10	10	10	8	6	6	6	2		
CERTIFIED BEDS	110	SNF	ICF							2021	2021
MEDICAID DAYS	40202	0	40,202							(Audited)	(Audited)
Descriptions	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/		A&G-GL-PL	Prop.
	SNF	Srvc SNF	Srvc ICF	Services		Housekpng	Maintenance	General		Insurance	Related
REP HST COST	6,708,296	0	1,398,677	2,235,655	583,001	512,392	472,527	1,005,598			406,303
											94,143
HIST COST ADJ											
1399	(2,235,655)			(2,235,655)							
1199	2,235,655		2,235,655								
1699	(472,527)										
1599	472,527										
1899	-										-
1999	-										-
1200	-	0	(64,805)								-
1400	-				-						-
1500	(8,484)										-
1700	64,805					(8,484)			64,805		-
1800	-										-
1898	-										-
TOTAL HIST ADJ	(8,484)	0	2,170,850	(2,235,655)	-	464,043	(472,527)	64,805			-
NET HST COST	7,252,791	0	3,569,527	-	583,001	976,435	-	1,070,403	552,979		406,303
PROJ COST ADJ											-
2800	-										-
2000	-	0			-	-		-			-
TOTAL PROJ ADJS	-	0	-	-	-	-		-			-
TOTAL HST/PROJ	7,252,791	0	-	-	583,001	976,435		1,070,403	552,979		406,303
REP PAT DAYS	41,859	0	40,213		41,859	41,859		41,859			94,143
PAT DAY ADJS	-		-								-
ADJ PAT DAYS	41,859		41,859	-	41,859	41,859		41,859			-
TOTAL PT. DAYS 2021									38,091		38,091
NET PER DIEM	175.77		85.28	-	13.93	23.33		25.57	14.52		10.67
STAND PER DIEM	177.29		85.28	-	13.93	23.33		25.57	14.52		14.66
NURSING HOME PROVIDER FEE	17.10										(FRV)
ALLOW PER DIEM	179.76		85.28	-	13.93	23.33		25.57	14.52		14.66
GTH 5.00%	7.41		4.26	-	0.70	1.17		1.28			-
INCEN PER DIEM	1.53		0.53	-	0.22	0.41		0.37			-
TOTAL PER DIEM	205.80										
BED HOLD & LEAVE DAY PER DIEM	141.52										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Jasper				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142436A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5223	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.54%	2.5%	Quarterly Medicaid CMI:			1.5729	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.88	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6023	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,932,238	\$1,938,198	\$0	\$342,738	\$544,238	\$0	\$806,976		\$300,088	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$44,308)	(\$58,810)	\$0	\$0	\$0	\$0	\$52,247		(\$37,745)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,924)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$258,122		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,314
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,043,442	\$1,879,388	\$0	\$342,738	\$544,238	\$0	\$745,299	\$258,122	\$262,343	\$11,314
8	Total Nursing Facility Days As Filed Days = 19,203	FY19 Audited C/R Days	19,203									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,241		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.72	\$97.87	\$0.00	\$17.85	\$28.34	(with L&H)	\$38.81	\$14.97	\$15.22	\$0.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.29	\$0.00	\$17.85	\$28.34		\$38.81	\$14.97	\$15.22	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.40	\$64.29	\$0.00	\$17.85	\$25.85		\$27.76	\$14.97	17.02 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.78	\$3.21	\$0.00	\$0.89	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.18	\$67.50	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.02	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6023								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.84	\$108.16	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.02	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$7.56	\$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	\$240.72	\$115.72	\$0.00	\$18.96	\$27.14	\$0.00	\$46.25	\$14.97	\$17.02	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Harborview Health Systems - Pierce				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142447A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4998	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.14%	2.5%	Quarterly Medicaid CMI:			1.8172	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.14	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8516	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,718	\$2,716,857	\$0	\$461,030	\$654,636	\$0	\$849,943		\$916,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$46,459)	\$0	\$0	(\$1,870)	(\$2,992)	(\$3,760)	(\$11,590)		(\$26,247)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,698)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,429		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,691,862	\$2,716,857	\$0	\$459,160	\$651,644	(\$3,760)	\$775,655	\$92,429	\$890,005	\$109,872
8	Total Nursing Facility Days As Filed Days = 26,179	FY19 Audited C/R Days	26,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.26	\$103.78	\$0.00	\$17.54	\$24.75	(with L&H)	\$29.63	\$4.28	\$41.19	\$5.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4998								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.20	\$0.00	\$17.54	\$24.75		\$29.63	\$4.28	\$41.19	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.55	\$69.20	\$0.00	\$17.54	\$24.75		\$27.76	\$4.28	17.93 (FRV)	\$5.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.97	\$3.46	\$0.00	\$0.88	\$1.24	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.52	\$72.66	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8516								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.40	\$134.54	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.06	\$142.47	\$0.00	\$18.64	\$26.40	\$0.00	\$46.25	\$4.28	\$17.93	\$5.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.97									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$263.29									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$184.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Pine Knoll Nursing and Rehab Center Prvdr ID: 00142458A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 27.63% Nurse Hours per On-Site Day/Quality Incentive: 3.27		<u>Facility Score</u> N/A 27.63% 3.27	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6616 Quarterly Medicaid CMI: 1.8060 Qtrly Mcaid CMI w RUG Wght Options: 1.8400			<u>Facility Specific</u> 1.6616 1.8060 1.8400	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,206,075	\$3,716,827	\$0	\$772,862	\$696,545	\$0	\$1,275,235		\$744,606	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,808)	\$0	\$0	\$0	\$0	\$0	(\$13,448)		(\$36,360)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,351
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,199,093	\$3,716,827	\$0	\$772,862	\$696,545	\$0	\$1,250,800	\$12,462	\$708,246	\$41,351
8	Total Nursing Facility Days	FY19 Audited C/R Days	39,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,574		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.02	\$92.95	\$0.00	\$19.33	\$17.42	(with L&H)	\$31.28	\$0.36	\$20.48	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6616								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.94	\$0.00	\$19.33	\$17.42		\$31.28	\$0.36	\$20.48	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.70	\$55.94	\$0.00	\$19.33	\$17.42		\$27.76	\$0.36	8.69 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.03	\$2.80	\$0.00	\$0.97	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.73	\$58.74	\$0.00	\$20.30	\$18.29	\$0.00	\$29.15	\$0.36	\$8.69	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8400								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.07	\$108.08	\$0.00	\$20.30	\$18.29	\$0.00	\$29.15	\$0.36	\$8.69	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.65	\$112.93	\$0.00	\$20.52	\$18.70	\$0.00	\$46.25	\$0.36	\$8.69	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cross View Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142502A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3288	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.31%	1.0%	Quarterly Medicaid CMI:			1.4619	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4880	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,590,947	\$1,629,031	\$0	\$349,374	\$349,528	\$0	\$575,197		\$687,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$36,371)	\$0	\$0	\$0	(\$1,442)	(\$1,283)	(\$9,035)		(\$24,611)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,743)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,316		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,779
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,610,928	\$1,629,031	\$0	\$349,374	\$348,086	(\$1,283)	\$540,419	\$61,316	\$663,206	\$20,779
8	Total Nursing Facility Days As Filed Days = 24,878	FY19 Audited C/R Days	24,878									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,910		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.72	\$65.48	\$0.00	\$14.04	\$13.94	(with L&H)	\$21.72	\$2.68	\$28.95	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3288								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	\$28.95	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.18	\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	8.61 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.95	\$2.46	\$0.00	\$0.70	\$0.70	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.13	\$51.74	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4880								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.38	\$76.99	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.09	\$80.60	\$0.00	\$14.96	\$15.05	\$0.00	\$40.28	\$2.68	\$8.61	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Pinewood Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142513A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2613	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		51.79%	5.5%	Quarterly Medicaid CMI:			1.3158	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3362	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,328,674	\$2,587,761	\$0	\$684,972	\$354,269	\$327,954	\$938,106		\$435,612	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$13,557)	\$0	\$0	\$0	\$0	\$0	\$0		(\$13,557)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,853)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$50,456		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,973
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,358,693	\$2,587,761	\$0	\$684,972	\$354,269	\$327,954	\$912,253	\$50,456	\$422,055	\$18,973
8	Total Nursing Facility Days As Filed Days = 34,636	FY19 Audited C/R Days	34,636									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,672		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.95	\$74.71	\$0.00	\$19.78	\$19.70	(with L&H)	\$26.34	\$1.89	\$15.82	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2613								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.23	\$0.00	\$19.78	\$19.70		\$26.34	\$1.89	\$15.82	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.60	\$59.23	\$0.00	\$19.78	\$19.70		\$26.34	\$1.89	9.95 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.26	\$2.96	\$0.00	\$0.99	\$0.99	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$62.19	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3362								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.77	\$83.10	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.57	\$4.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.46	\$90.69	\$0.00	\$20.99	\$21.10	\$0.00	\$45.13	\$1.89	\$9.95	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lillian G. Carter Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142524A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4810	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		65.28%	5.5%	Quarterly Medicaid CMI:			1.6490	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.31	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6797	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,499,817	\$3,031,718	\$0	\$533,251	\$621,444	\$0	\$794,157		\$519,247	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$67,170)	(\$36,162)	\$0	\$0	\$0	(\$7,737)	\$9,982		(\$33,253)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,950		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,568
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,518,125	\$2,995,556	\$0	\$533,251	\$621,444	(\$7,737)	\$751,099	\$105,950	\$485,994	\$32,568
8	Total Nursing Facility Days As Filed Days = 32,814	FY19 Audited C/R Days	32,814									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,064		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.20	\$91.29	\$0.00	\$16.25	\$18.70	(with L&H)	\$22.89	\$3.91	\$17.96	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4810								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.64	\$0.00	\$16.25	\$18.70		\$22.89	\$3.91	\$17.96	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.27	\$61.64	\$0.00	\$16.25	\$18.70		\$22.89	\$3.91	10.68 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.97	\$3.08	\$0.00	\$0.81	\$0.94	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.24	\$64.72	\$0.00	\$17.06	\$19.64	\$0.00	\$24.03	\$3.91	\$10.68	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6797								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.23	\$108.71	\$0.00	\$17.06	\$19.64	\$0.00	\$24.03	\$3.91	\$10.68	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.98	\$5.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.87	\$9.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.10	\$118.48	\$0.00	\$17.28	\$20.05	\$0.00	\$41.50	\$3.91	\$10.68	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Place at Martinez				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142535A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3771	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		52.00%	5.5%	Quarterly Medicaid CMI:			1.3203	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3397	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,398,274	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$1,097,674		\$608,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,776)	\$0	\$0	\$0	\$0	\$0	\$0		(\$50,776)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$230,664)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$407,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$89,264
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,613,724	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$867,010	\$407,626	\$557,893	\$89,264
8	Total Nursing Facility Days As Filed Days = 28,304	FY19 Audited C/R Days	28,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,683		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.57	\$90.44	\$0.00	\$20.19	\$19.80	(with L&H)	\$30.63	\$17.97	\$24.60	\$3.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3771								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.68	\$0.00	\$20.19	\$19.80		\$30.63	\$17.97	\$24.60	\$3.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.67	\$65.68	\$0.00	\$20.19	\$19.80		\$27.76	\$17.97	11.33 (FRV)	\$3.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.67	\$3.28	\$0.00	\$1.01	\$0.99	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.34	\$68.96	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3397								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.77	\$92.39	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.88	\$100.77	\$0.00	\$21.42	\$21.20	\$0.00	\$46.25	\$17.97	\$11.33	\$3.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Pleasant View Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142546A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2713	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.24%	2.5%	Quarterly Medicaid CMI:			1.4091	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.51	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4333	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,027,994	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$982,765		\$527,200	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$44,783)	\$0	\$0	\$0	\$0	\$0	(\$14,745)		(\$30,038)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$32,064)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,018		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,769
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,087,934	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$935,956	\$80,018	\$497,162	\$56,769
8	Total Nursing Facility Days As Filed Days = 40,599	FY19 Audited C/R Days	40,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,223		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.29	\$62.13	\$0.00	\$11.23	\$13.29	(with L&H)	\$23.05	\$2.09	\$13.01	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2713								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.87	\$0.00	\$11.23	\$13.29		\$23.05	\$2.09	\$13.01	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.71	\$48.87	\$0.00	\$11.23	\$13.29		\$23.05	\$2.09	9.69 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.81	\$2.44	\$0.00	\$0.56	\$0.66	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.52	\$51.31	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4333								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.75	\$73.54	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.43	\$78.12	\$0.00	\$12.01	\$14.36	\$0.00	\$41.67	\$2.09	\$9.69	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Cedar Valley Nursing and Rehab Center</div> <div>Prvdr ID: 00142557A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>					<u>Facility Specific</u>	<u>State-wide</u>
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.4833	1.4759
Qtrly BIMS score				52.83%	5.5%	Quarterly Medicaid CMI:					1.4707	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4965	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,312,328	\$2,436,008	\$0	\$616,246	\$574,559	\$0	\$990,756		\$694,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$92,842)	(\$38,102)	\$0	(\$1,151)	\$0	(\$3,373)	(\$15,934)		(\$34,282)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$9,005)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$10,215		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,640
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,256,336	\$2,397,906	\$0	\$615,095	\$574,559	(\$3,373)	\$965,817	\$10,215	\$660,477	\$35,640
8	Total Nursing Facility Days As Filed Days = 32,065	FY19 Audited C/R Days	32,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.18	\$74.78	\$0.00	\$19.18	\$17.81	(with L&H)	\$30.12	\$0.37	\$23.64	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4833								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.41	\$0.00	\$19.18	\$17.81		\$30.12	\$0.37	\$23.64	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$50.41	\$0.00	\$19.18	\$17.81		\$27.76	\$0.37	9.91 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.52	\$0.00	\$0.96	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.48	\$52.93	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4965								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.76	\$79.21	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.36	\$4.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$7.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.76	\$86.48	\$0.00	\$20.36	\$19.11	\$0.00	\$46.25	\$0.37	\$9.91	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.00									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$203.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$139.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Presbyterian Home, Quitman, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142579A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3897	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		48.28%	5.5%	Quarterly Medicaid CMI:			1.3521	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3734	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$13,276,566	\$6,855,622	\$0	\$1,638,487	\$1,573,365	\$0	\$2,077,784		\$1,131,308	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$73,043)	(\$4,540)	\$0	\$0	\$0	\$413	(\$5,070)		(\$63,846)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,627)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,151		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,896
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,283,943	\$6,851,082	\$0	\$1,638,487	\$1,573,365	\$413	\$2,024,087	\$100,151	\$1,067,462	\$28,896
8	Total Nursing Facility Days As Filed Days = 63,776	FY19 Audited C/R Days	63,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								59,903		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.50	\$107.42	\$0.00	\$25.69	\$24.68	(with L&H)	\$31.74	\$1.67	\$17.82	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.29	\$0.00	\$25.69	\$24.68		\$31.74	\$1.67	\$17.82	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.51	\$77.29	\$0.00	\$22.66	\$24.68		\$27.76	\$1.67	19.97 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.61	\$3.86	\$0.00	\$1.13	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.12	\$81.15	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3734								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.42	\$111.45	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.13	\$6.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.41	\$10.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.83	\$121.45	\$0.00	\$23.79	\$26.32	\$0.00	\$29.15	\$1.67	\$19.97	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Bryant Health & Rehab. Ctr, Inc Prvdr ID: 00142601A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.00% Nurse Hours per On-Site Day/Quality Incentive: 2.57		N/A 38.00% 2.57	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4820 1.5885 1.6202	1.4759 1.4983 1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,606,412	\$1,606,784	\$0	\$337,498	\$411,611	\$0	\$586,641		\$663,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$25,368)	\$0	\$0	\$0	\$0	\$0	(\$10,696)		(\$14,672)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$36,935)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,668,461	\$1,606,784	\$0	\$337,498	\$411,611	\$0	\$539,010	\$95,751	\$649,206	\$28,601
8	Total Nursing Facility Days As Filed Days = 24,688	FY19 Audited C/R Days	24,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,952		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.18	\$65.08	\$0.00	\$13.67	\$16.67	(with L&H)	\$21.83	\$4.57	\$30.99	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4820								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	\$30.99	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.70	\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	9.68 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.20	\$0.00	\$0.68	\$0.83	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.50	\$46.11	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6202								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.10	\$74.71	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.84	\$79.35	\$0.00	\$14.57	\$17.91	\$0.00	\$40.39	\$4.57	\$9.68	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.06									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$179.58									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$121.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Providence Healthcare of Thomaston				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142612A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3919	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.06%	2.5%	Quarterly Medicaid CMI:			1.4510	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4758	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,902,418	\$2,262,099	\$0	\$436,697	\$542,561	\$0	\$800,631		\$860,430	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$48,413)	\$0	\$0	\$0	(\$1,647)	(\$1,552)	(\$21,513)		(\$23,701)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,958)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,694		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,644
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,931,385	\$2,262,099	\$0	\$436,697	\$540,914	(\$1,552)	\$726,160	\$110,694	\$836,729	\$19,644
8	Total Nursing Facility Days As Filed Days = 30,556	FY19 Audited C/R Days	30,556									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,628		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.47	\$74.03	\$0.00	\$14.29	\$17.65	(with L&H)	\$23.76	\$4.32	\$32.65	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3919								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.19	\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	\$32.65	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$53.19	\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	8.75 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.44	\$2.66	\$0.00	\$0.71	\$0.88	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.17	\$55.85	\$0.00	\$15.00	\$18.53	\$0.00	\$24.95	\$4.32	\$8.75	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4758								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.74	\$82.42	\$0.00	\$15.00	\$18.53	\$0.00	\$24.95	\$4.32	\$8.75	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.08	\$86.66	\$0.00	\$15.22	\$18.94	\$0.00	\$42.42	\$4.32	\$8.75	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Providence Healthcare of Sparta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142623A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4233	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		18.92%	0.0%	Quarterly Medicaid CMI:			1.2279	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.85	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2480	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,219,709	\$1,432,116	\$0	\$315,854	\$354,238	\$0	\$589,800		\$527,701	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,045)	\$0	\$0	\$0	\$0	\$0	\$0		(\$26,045)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,142)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,144,522	\$1,432,116	\$0	\$315,854	\$354,238	\$0	\$540,658	\$0	\$501,656	\$0
8	Total Nursing Facility Days As Filed Days = 20,548	FY19 Audited C/R Days	20,548									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,784		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.83	\$69.70	\$0.00	\$15.37	\$17.24	(with L&H)	\$26.31	\$0.00	\$28.21	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4233								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	\$28.21	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	9.79 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.40	\$2.45	\$0.00	\$0.77	\$0.86	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.08	\$51.42	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2480								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.83	\$64.17	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$156.39	\$66.63	\$0.00	\$16.36	\$18.51	\$0.00	\$45.10	\$0.00	\$9.79	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.47									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Greene Point Healthcare Prvdr ID: 00142634A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 40.54% Nurse Hours per On-Site Day/Quality Incentive: 3.24		<u>Facility Score</u> N/A 40.54% 3.24	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4171 Quarterly Medicaid CMI: 1.2359 Qtrly Mcaid CMI w RUG Wght Options: 1.2530			<u>Facility Specific</u> 1.4171 1.2359 1.2530	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,480,404	\$1,840,911	\$0	\$356,494	\$438,569	\$0	\$560,055		\$284,375	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$27,048)	\$0	\$0	\$0	(\$791)	(\$1,016)	(\$6,717)		(\$18,524)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$26,845)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,845		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,556
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,496,912	\$1,840,911	\$0	\$356,494	\$437,778	(\$1,016)	\$526,493	\$52,845	\$265,851	\$17,556
8	Total Nursing Facility Days As Filed Days = 16,373	FY19 Audited C/R Days	16,373									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.25	\$112.44	\$0.00	\$21.77	\$26.68	(with L&H)	\$32.16	\$3.49	\$17.55	\$1.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4171								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.35	\$0.00	\$21.77	\$26.68		\$32.16	\$3.49	\$17.55	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.41	\$79.35	\$0.00	\$21.77	\$25.85		\$27.76	\$3.49	13.03 (FRV)	\$1.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.74	\$3.97	\$0.00	\$1.09	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.15	\$83.32	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2530								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.23	\$104.40	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$6.27	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.82	\$110.67	\$0.00	\$23.08	\$27.14	\$0.00	\$46.25	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Warrenton Health and Rehabilitation Center</div> <div>Prvdr ID: 00142645A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>					<u>Facility Specific</u>	<u>State-wide</u>
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.4793	1.4759
Qtrly BIMS score				32.61%	2.5%	Quarterly Medicaid CMI:					1.3947	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.67	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4183	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,799,600	\$1,627,680	\$0	\$401,036	\$472,346	\$0	\$598,188		\$700,350	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$43,805)	\$0	\$0	\$0	(\$1,013)	\$0	\$0		(\$42,792)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,186)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,724,609	\$1,627,680	\$0	\$401,036	\$471,333	\$0	\$567,002	\$0	\$657,558	\$0
8	Total Nursing Facility Days As Filed Days = 23,804	FY19 Audited C/R Days	23,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.40	\$68.38	\$0.00	\$16.85	\$19.80	(with L&H)	\$23.82	\$0.00	\$31.55	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4793								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	\$31.55	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.60	\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	8.91 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.33	\$2.31	\$0.00	\$0.84	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$48.53	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4183								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.23	\$68.83	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$3.63	\$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	\$162.96	\$72.46	\$0.00	\$17.91	\$21.20	\$0.00	\$42.48	\$0.00	\$8.91	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.40									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$196.09									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$134.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Orchard Health and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142656A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1653	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		42.42%	2.5%	Quarterly Medicaid CMI:			1.2638	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2848	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,305,924	\$2,448,863	\$0	\$462,021	\$449,686	\$0	\$763,821		\$181,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$34,284)	\$0	\$0	\$0	(\$102)	(\$7,459)	(\$11,782)		(\$14,941)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,889)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,415		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,342,955	\$2,448,863	\$0	\$462,021	\$449,584	(\$7,459)	\$690,150	\$109,415	\$166,592	\$23,789
8	Total Nursing Facility Days As Filed Days = 30,346	FY19 Audited C/R Days	30,346									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.35	\$80.70	\$0.00	\$15.23	\$14.57	(with L&H)	\$22.74	\$4.42	\$6.73	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.1653								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	\$6.73	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.39	\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	9.22 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.09	\$3.46	\$0.00	\$0.76	\$0.73	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.48	\$72.71	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2848								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.19	\$93.42	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$5.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.96	\$99.09	\$0.00	\$16.21	\$15.71	\$0.00	\$41.35	\$4.42	\$9.22	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.40									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$191.99									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$131.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Heritage Inn of Sandersville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142678A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5154	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.13%	2.5%	Quarterly Medicaid CMI:			1.6747	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.51	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7048	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,549,097	\$1,846,036	\$0	\$368,881	\$410,464	\$0	\$568,885		\$354,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,764)	\$0	\$0	\$0	(\$890)	(\$4,523)	(\$8,535)		(\$26,816)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,720)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,544
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,567,077	\$1,846,036	\$0	\$368,881	\$409,574	(\$4,523)	\$528,630	\$62,920	\$328,015	\$27,544
8	Total Nursing Facility Days As Filed Days = 21,531	FY19 Audited C/R Days	21,531									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,097		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.36	\$85.74	\$0.00	\$17.13	\$18.81	(with L&H)	\$24.55	\$3.48	\$18.13	\$1.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5154								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	\$18.13	\$1.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.85	\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	11.78 (FRV)	\$1.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$2.83	\$0.00	\$0.86	\$0.94	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.71	\$59.41	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7048								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.58	\$101.28	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.78	\$107.38	\$0.00	\$18.21	\$20.16	\$0.00	\$43.25	\$3.48	\$11.78	\$1.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Jesup Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142689A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8109	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.43%	2.5%	Quarterly Medicaid CMI:			2.0718	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.49	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.1133	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,658,705	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$765,650		\$362,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$11,172)	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,172)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$28,574)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,669		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,653,490	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$737,076	\$16,669	\$351,642	\$17,862
8	Total Nursing Facility Days As Filed Days = 22,304	FY19 Audited C/R Days	22,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,731		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.27	\$79.47	\$0.00	\$15.73	\$18.24	(with L&H)	\$33.05	\$0.94	\$19.83	\$1.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8109								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.88	\$0.00	\$15.73	\$18.24		\$33.05	\$0.94	\$19.83	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.50	\$43.88	\$0.00	\$15.73	\$18.24		\$27.76	\$0.94	7.94 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.19	\$0.00	\$0.79	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.78	\$46.07	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.1133								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.07	\$97.36	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.68	\$103.24	\$0.00	\$16.74	\$19.56	\$0.00	\$46.25	\$0.94	\$7.94	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cobblestone Rehab and Healthcare Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142711A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5191	1.4759
				Qtrly BIMS score		18.52%	0.0%	Quarterly Medicaid CMI:			1.4813	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		3.72	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5069	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,985,466	\$1,867,187	\$0	\$299,741	\$517,369	\$0	\$792,963		\$508,206	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$58,318)	(\$11,154)	\$0	\$0	\$0	\$0	(\$5,692)		(\$41,472)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$6,561)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,674		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,976,557	\$1,856,033	\$0	\$299,741	\$517,369	\$0	\$780,710	\$4,674	\$466,734	\$51,296
8	Total Nursing Facility Days As Filed Days = 20,277	FY19 Audited C/R Days	20,277									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,007		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.06	\$91.53	\$0.00	\$14.78	\$25.52	(with L&H)	\$38.50	\$0.27	\$27.44	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5191								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$14.78	\$25.52		\$38.50	\$0.27	\$27.44	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.06	\$60.25	\$0.00	\$14.78	\$25.52		\$27.76	\$0.27	19.46 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.42	\$3.01	\$0.00	\$0.74	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.48	\$63.26	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5069								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.55	\$95.33	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.01	\$2.44	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.56	\$97.77	\$0.00	\$15.74	\$27.05	\$0.00	\$46.25	\$0.27	\$19.46	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Blue Ridge Healthcare of Buchanan				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142722A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5297	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.2331	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2521	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,399,801	\$1,717,784	\$0	\$276,115	\$327,871	\$0	\$782,351		\$295,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$244,602)	(\$4,087)	\$0	\$0	\$0	\$0	(\$213,990)		(\$26,525)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$114,461)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,686		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,156,396	\$1,713,697	\$0	\$276,115	\$327,871	\$0	\$453,900	\$92,686	\$269,155	\$22,972
8	Total Nursing Facility Days As Filed Days = 19,879	FY19 Audited C/R Days	19,879									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,870		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.96	\$86.21	\$0.00	\$13.89	\$16.49	(with L&H)	\$22.83	\$5.19	\$15.06	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	\$15.06	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.80	\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	11.75 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.47	\$2.82	\$0.00	\$0.69	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.27	\$59.18	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2521								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.19	\$74.10	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.74	\$0.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.11	\$2.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.30	\$76.11	\$0.00	\$14.80	\$17.72	\$0.00	\$41.44	\$5.19	\$11.75	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.40									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$202.11									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$138.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Retreat Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142733A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.1153	1.4759	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Qtrly BIMS score	32.14%	2.5%	Quarterly Medicaid CMI:			1.0989	1.5462	
				Nurse Hours per On-Site Day/Quality Incentive:	4.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1116	1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,233,896	\$2,215,734	\$0	\$695,255	\$214,035	\$291,637	\$577,313		\$239,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$154,420)	(\$325,275)	\$0	\$57,393	\$1,004	\$45,558	\$186,200		(\$119,300)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,448)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,820		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,072,849	\$1,890,459	\$0	\$752,648	\$215,039	\$337,195	\$741,065	\$15,820	\$120,622	\$0
8	Total Nursing Facility Days As Filed Days = 19,518	FY19 Audited C/R Days	19,518									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,704		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.60	\$96.86	\$0.00	\$38.56	\$28.29	(with L&H)	\$37.97	\$0.80	\$6.12	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1153								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.84	\$0.00	\$38.56	\$28.29		\$37.97	\$0.80	\$6.12	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	8.98 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.28	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1116								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.23	\$99.11	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$5.45	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.78	\$104.56	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.80	\$8.98	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Ridgewood Manor Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142744A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3614	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		49.12%	5.5%	Quarterly Medicaid CMI:			1.4481	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4707	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,924,621	\$3,661,992	\$0	\$632,885	\$947,149	\$0	\$1,450,445		\$232,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$8,280)	(\$27,962)	\$0	\$0	(\$4,935)	(\$3,345)	\$27,962		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,774)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,996		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,864,881	\$3,634,030	\$0	\$632,885	\$942,214	(\$3,345)	\$1,364,633	\$51,996	\$232,150	\$10,318
8	Total Nursing Facility Days As Filed Days = 36,074	FY19 Audited C/R Days	36,074									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,728		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.58	\$100.74	\$0.00	\$17.54	\$26.03	(with L&H)	\$37.83	\$2.02	\$9.02	\$0.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3614								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.00	\$0.00	\$17.54	\$26.03		\$37.83	\$2.02	\$9.02	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.43	\$74.00	\$0.00	\$17.54	\$25.85		\$27.76	\$2.02	9.86 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.26	\$3.70	\$0.00	\$0.88	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.69	\$77.70	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4707								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.26	\$114.27	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.28	\$6.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.56	\$10.24	\$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	\$228.82	\$124.51	\$0.00	\$18.64	\$27.14	\$0.00	\$46.25	\$2.02	\$9.86	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Harborview Health Systems - Satilla</div> <div>Prvdr ID: 00142755A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.5263	1.4759
Qtrly BIMS score				20.55%	1.0%	Quarterly Medicaid CMI:					1.7922	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				4.62	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.8260	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,967,120	\$2,920,664	\$0	\$525,305	\$681,818	\$0	\$913,027		\$926,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$65,878)	\$1,349	\$0	\$0	(\$9,254)	(\$9,855)	(\$11,135)		(\$36,983)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$64,718)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,917		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,050,092	\$2,922,013	\$0	\$525,305	\$672,564	(\$9,855)	\$837,174	\$138,917	\$889,323	\$74,651
8	Total Nursing Facility Days As Filed Days = 33,099	FY19 Audited C/R Days	33,099									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.12	\$88.28	\$0.00	\$15.87	\$20.02	(with L&H)	\$25.29	\$4.74	\$30.37	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5263								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	\$30.37	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	13.61 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$2.89	\$0.00	\$0.79	\$1.00	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.86	\$60.73	\$0.00	\$16.66	\$21.02	\$0.00	\$26.55	\$4.74	\$13.61	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8260								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.02	\$110.89	\$0.00	\$16.66	\$21.02	\$0.00	\$26.55	\$4.74	\$13.61	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.96	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.98	\$114.75	\$0.00	\$16.88	\$21.43	\$0.00	\$44.02	\$4.74	\$13.61	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.66									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$248.65									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$173.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Etowah Landing Care and Rehab				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142766A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4598	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.6613	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6920	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,363,329	\$2,745,529	\$0	\$490,185	\$484,581	\$0	\$1,029,864		\$613,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$32,378)	(\$24,376)	\$0	\$0	\$0	\$0	\$9,944		(\$17,946)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,317)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$207,141		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,314
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,522,089	\$2,721,153	\$0	\$490,185	\$484,581	\$0	\$976,491	\$207,141	\$595,224	\$47,314
8	Total Nursing Facility Days As Filed Days = 32,145	FY19 Audited C/R Days	32,145									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,460		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.19	\$84.65	\$0.00	\$15.25	\$15.07	(with L&H)	\$30.38	\$7.03	\$20.20	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4598								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.99	\$0.00	\$15.25	\$15.07		\$30.38	\$7.03	\$20.20	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.88	\$57.99	\$0.00	\$15.25	\$15.07		\$27.76	\$7.03	9.17 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.80	\$2.90	\$0.00	\$0.76	\$0.75	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.68	\$60.89	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6920								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.82	\$103.03	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.75	\$109.23	\$0.00	\$16.23	\$16.23	\$0.00	\$46.25	\$7.03	\$9.17	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Roberta Health Care Prvdr ID: 00142777A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.60% Nurse Hours per On-Site Day/Quality Incentive: 1.96		N/A 38.60% 1.96	5.00% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6310 1.7328 1.7651	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,592,159	\$2,153,240	\$0	\$429,566	\$480,053	\$0	\$863,552		\$665,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$31,756)	\$0	\$0	\$0	(\$1,124)	(\$1,178)	\$0		(\$29,454)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,750		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,645,438	\$2,153,240	\$0	\$429,566	\$478,929	(\$1,178)	\$847,102	\$43,750	\$636,294	\$57,735
8	Total Nursing Facility Days As Filed Days = 31,395	FY19 Audited C/R Days FY21 Audited C/R Days	31,395							26,018		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.83	\$68.59	\$0.00	\$13.68	\$15.22	(with L&H)	\$26.98	\$1.68	\$24.46	\$2.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6310								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	\$24.46	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	8.00 (FRV)	\$2.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.89	\$2.10	\$0.00	\$0.68	\$0.76	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.72	\$44.15	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7651								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.50	\$77.93	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.04	\$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	\$170.64	\$81.97	\$0.00	\$14.58	\$16.39	\$0.00	\$45.80	\$1.68	\$8.00	\$2.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: WellStar Paulding Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142359A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0155	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		43.02%	2.5%	Quarterly Medicaid CMI:			1.1148	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.96	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1282	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,688,557	\$8,537,572	\$0	\$2,741,819	\$1,387,621	\$1,790,564	\$4,061,240		\$5,169,741	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$104,429)	(\$121,128)	\$0	\$0	\$8,600	\$11,097	\$0		(\$2,998)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,757)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$130,331		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$23,580,702	\$8,416,444	\$0	\$2,741,819	\$1,396,221	\$1,801,661	\$3,927,483	\$130,331	\$5,166,743	\$0
8	Total Nursing Facility Days As Filed Days = 61,971	FY19 Audited C/R Days	61,971									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$418.61	\$135.81	\$0.00	\$44.24	\$51.60	(with L&H)	\$63.38	\$3.04	\$120.54	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0155								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$133.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$133.74	\$0.00	\$44.24	\$51.60		\$63.38	\$3.04	\$120.54	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.29	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$3.04	10.30 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.84	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.27	\$100.59	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.53	\$6.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.80	\$107.12	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Lodge Prvdr ID: 00142381A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 29.73% Nurse Hours per On-Site Day/Quality Incentive: 4.38		N/A 29.73% 4.38	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6945 1.8933 1.9296	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,919,406	\$3,371,040	\$0	\$718,778	\$772,731	\$0	\$811,412		\$245,445	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$4,941	\$0	\$0	\$0	\$0	\$0	\$113,973		(\$109,032)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$103,581)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$148,646		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,471
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,972,883	\$3,371,040	\$0	\$718,778	\$772,731	\$0	\$821,804	\$148,646	\$136,413	\$3,471
8	Total Nursing Facility Days As Filed Days = 27,994	FY19 Audited C/R Days	27,994									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,311		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.60	\$120.42	\$0.00	\$25.68	\$27.60	(with L&H)	\$29.36	\$6.98	\$6.40	\$0.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6945								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.06	\$0.00	\$25.68	\$27.60		\$29.36	\$6.98	\$6.40	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.09	\$71.06	\$0.00	\$22.66	\$25.85		\$27.76	\$6.98	35.62 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.45	\$74.61	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9296								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.81	\$143.97	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.39	\$6.29	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.20	\$150.26	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$6.98	\$35.62	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Pelham Parkway Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142425A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2868	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.1369	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1536	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,090,507	\$3,361,354	\$0	\$953,840	\$541,826	\$535,321	\$1,270,192		\$427,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$22,316)	\$0	\$0	\$0	(\$4,390)	(\$4,337)	\$0		(\$13,589)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,108)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$39,254		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,288
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,097,625	\$3,361,354	\$0	\$953,840	\$537,436	\$530,984	\$1,247,084	\$39,254	\$414,385	\$13,288
8	Total Nursing Facility Days As Filed Days = 38,233	FY19 Audited C/R Days	38,233									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,116		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.73	\$87.92	\$0.00	\$24.95	\$27.94	(with L&H)	\$32.62	\$1.12	\$11.80	\$0.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2868								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.33	\$0.00	\$24.95	\$27.94		\$32.62	\$1.12	\$11.80	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.90	\$68.33	\$0.00	\$24.95	\$25.85		\$27.76	\$1.12	12.51 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.35	\$3.42	\$0.00	\$1.25	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$71.75	\$0.00	\$26.20	\$27.14	\$0.00	\$29.15	\$1.12	\$12.51	\$0.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1536								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.27	\$82.77	\$0.00	\$26.20	\$27.14	\$0.00	\$29.15	\$1.12	\$12.51	\$0.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$5.08	\$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	\$201.67	\$87.85	\$0.00	\$26.42	\$27.14	\$0.00	\$46.25	\$1.12	\$12.51	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Twin Fountains Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142843A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0956	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		53.13%	5.5%	Quarterly Medicaid CMI:			1.2808	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3008	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,443,125	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,944,294		\$876,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$68,855)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,424,021	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,875,439	\$49,751	\$876,928	\$0
8	Total Nursing Facility Days As Filed Days = 36,848	FY19 Audited C/R Days	36,848									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$316.37	\$96.28	\$0.00	\$18.93	\$37.36	(with L&H)	\$132.31	\$1.69	\$29.80	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.88	\$0.00	\$18.93	\$37.36		\$132.31	\$1.69	\$29.80	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.97	\$84.91	\$0.00	\$18.93	\$25.85		\$27.76	\$1.69	11.83 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.88	\$4.25	\$0.00	\$0.95	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.85	\$89.16	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3008								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.67	\$115.98	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.38	\$6.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.18	\$9.86	\$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	\$232.85	\$125.84	\$0.00	\$20.10	\$27.14	\$0.00	\$46.25	\$1.69	\$11.83	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Winder Nursing, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142854A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3427	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.87%	1.0%	Quarterly Medicaid CMI:			1.2717	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2938	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,168,279	\$3,675,808	\$0	\$1,178,447	\$748,333	\$0	\$1,157,224		\$408,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$76,526)	\$0	\$0	\$0	\$0	\$0	(\$26,088)		(\$50,438)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$140,102)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$175,294		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$54,173
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,181,118	\$3,675,808	\$0	\$1,178,447	\$748,333	\$0	\$991,034	\$175,294	\$358,029	\$54,173
8	Total Nursing Facility Days As Filed Days = 46,580	FY19 Audited C/R Days	46,580									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.48	\$78.91	\$0.00	\$25.30	\$16.07	(with L&H)	\$21.28	\$4.45	\$9.09	\$1.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3427								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.77	\$0.00	\$25.30	\$16.07		\$21.28	\$4.45	\$9.09	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.43	\$58.77	\$0.00	\$22.66	\$16.07		\$21.28	\$4.45	12.82 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.93	\$2.94	\$0.00	\$1.13	\$0.80	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.36	\$61.71	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2938								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.49	\$79.84	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.61	\$3.73	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.10	\$83.57	\$0.00	\$23.79	\$17.28	\$0.00	\$39.81	\$4.45	\$12.82	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Dade Health and Rehab Center Prvdr ID: 00142865A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hours per On-Site Day/Quality Incentive: 3.37			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2608 Quarterly Medicaid CMI: 1.7908 Qtrly Mcaid CMI w RUG Wght Options: 1.8250			Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,349,231	\$1,789,341	\$0	\$351,820	\$382,714	\$0	\$512,134		\$313,222	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$10,517	\$0	\$0	\$0	\$0	\$0	\$22,277		(\$11,760)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$86,955)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,492		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,789
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,394,074	\$1,789,341	\$0	\$351,820	\$382,714	\$0	\$447,456	\$110,492	\$301,462	\$10,789
8	Total Nursing Facility Days	FY19 Audited C/R Days	20,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.54	\$86.95	\$0.00	\$17.10	\$18.60	(with L&H)	\$21.74	\$6.57	\$17.94	\$0.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2608								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.96	\$0.00	\$17.10	\$18.60		\$21.74	\$6.57	\$17.94	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.51	\$68.96	\$0.00	\$17.10	\$18.60		\$21.74	\$6.57	9.90 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.33	\$3.45	\$0.00	\$0.86	\$0.93	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.84	\$72.41	\$0.00	\$17.96	\$19.53	\$0.00	\$22.83	\$6.57	\$9.90	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8250								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.58	\$132.15	\$0.00	\$17.96	\$19.53	\$0.00	\$22.83	\$6.57	\$9.90	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.89	\$7.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.47	\$139.94	\$0.00	\$18.18	\$19.94	\$0.00	\$40.30	\$6.57	\$9.90	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Savannah Beach Nursing & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142876A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1672	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		45.16%	5.5%	Quarterly Medicaid CMI:			1.4980	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5257	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,794,924	\$1,486,794	\$0	\$208,055	\$253,992	\$0	\$491,242		\$354,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$78,416)	\$0	\$0	\$0	\$0	\$0	\$0		(\$78,416)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,639		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,812,516	\$1,486,794	\$0	\$208,055	\$253,992	\$0	\$491,242	\$43,639	\$276,425	\$52,369
8	Total Nursing Facility Days As Filed Days = 15,609	FY19 Audited C/R Days	15,609									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,564		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.90	\$95.25	\$0.00	\$13.33	\$16.27	(with L&H)	\$31.47	\$3.00	\$18.98	\$3.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1672								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.61								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.61	\$0.00	\$13.33	\$16.27		\$31.47	\$3.00	\$18.98	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.22	\$81.61	\$0.00	\$13.33	\$16.27		\$27.76	\$3.00	11.65 (FRV)	\$3.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.95	\$4.08	\$0.00	\$0.67	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$85.69	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.22	\$130.74	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.19	\$7.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.37	\$11.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.59	\$142.38	\$0.00	\$14.22	\$17.49	\$0.00	\$46.25	\$3.00	\$11.65	\$3.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Sears Manor Prvdr ID: 00142898A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 32.69% Nurse Hours per On-Site Day/Quality Incentive: 5.01		N/A 2.5% 2.0%	5.00% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtry Mcaid CMI w RUG Wght Options:			1.4253 1.5033 1.5306	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,245,026	\$2,840,536	\$0	\$664,681	\$639,734	\$0	\$728,189		\$371,886	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,915)	(\$4,087)	\$0	\$0	\$1,150	\$1,326	(\$3,740)		(\$64,564)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$84,513)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,191		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,738
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,229,527	\$2,836,449	\$0	\$664,681	\$640,884	\$1,326	\$639,936	\$86,191	\$307,322	\$52,738
8	Total Nursing Facility Days As Filed Days = 27,029	FY19 Audited C/R Days	27,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.95	\$104.94	\$0.00	\$24.59	\$23.76	(with L&H)	\$23.68	\$3.86	\$13.76	\$2.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4253								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.63	\$0.00	\$24.59	\$23.76		\$23.68	\$3.86	\$13.76	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.84	\$73.63	\$0.00	\$22.66	\$23.76		\$23.68	\$3.86	10.89 (FRV)	\$2.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.18	\$3.68	\$0.00	\$1.13	\$1.19	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.02	\$77.31	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5306								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.04	\$118.33	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$5.86	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.78	\$124.19	\$0.00	\$23.79	\$25.36	\$0.00	\$42.33	\$3.86	\$10.89	\$2.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Seminole Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142909A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1518	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.71%	2.5%	Quarterly Medicaid CMI:			1.1383	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.61	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1531	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,967,550	\$2,289,682	\$0	\$699,078	\$543,620	\$458,236	\$599,083		\$377,851	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$24,108)	(\$118,864)	\$0	\$0	(\$10,025)	(\$8,450)	\$118,864		(\$5,633)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$7,220)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$11,038		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,960,540	\$2,170,818	\$0	\$699,078	\$533,595	\$449,786	\$710,727	\$11,038	\$372,218	\$13,280
8	Total Nursing Facility Days As Filed Days = 22,114	FY19 Audited C/R Days	22,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,968		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.29	\$98.16	\$0.00	\$31.61	\$44.47	(with L&H)	\$32.14	\$0.53	\$17.75	\$0.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1518								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.22	\$0.00	\$31.61	\$44.47		\$32.14	\$0.53	\$17.75	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.47	\$84.91	\$0.00	\$31.61	\$25.85		\$27.76	\$0.53	10.18 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.51	\$4.25	\$0.00	\$1.58	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.98	\$89.16	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1531								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.63	\$102.81	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.60	\$108.46	\$0.00	\$33.41	\$27.14	\$0.00	\$46.25	\$0.53	\$10.18	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Vista Park Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142931A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5444	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.14%	2.5%	Quarterly Medicaid CMI:			1.3987	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4215	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,021,578	\$4,654,604	\$0	\$972,947	\$885,640	\$0	\$1,344,991		\$1,163,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$124,744)	\$18,069	\$0	(\$18,069)	(\$292)	(\$323)	(\$62,722)		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$88,790)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,043,731	\$4,672,673	\$0	\$954,878	\$885,348	(\$323)	\$1,193,479	\$174,720	\$1,101,989	\$60,967
8	Total Nursing Facility Days As Filed Days = 50,934	FY19 Audited C/R Days	50,934									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,410		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.60	\$91.74	\$0.00	\$18.75	\$17.38	(with L&H)	\$23.43	\$4.22	\$26.61	\$1.47
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	\$26.61	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.99	\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	22.34 (FRV)	\$1.47
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.95	\$2.97	\$0.00	\$0.94	\$0.87	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.94	\$62.37	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4215								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.23	\$88.66	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.74	\$94.07	\$0.00	\$19.91	\$18.66	\$0.00	\$42.07	\$4.22	\$22.34	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.23									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.87									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$158.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Ross Memorial Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142942A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3419	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.67%	2.5%	Quarterly Medicaid CMI:			1.3305	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3520	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,959,312	\$3,504,097	\$0	\$663,741	\$757,274	\$0	\$742,141		\$292,059	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,427)	\$15,140	\$0	\$0	\$0	\$0	\$12,485		(\$59,052)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$70,549)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$60,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,009,057	\$3,519,237	\$0	\$663,741	\$757,274	\$0	\$684,077	\$60,353	\$233,007	\$91,368
8	Total Nursing Facility Days As Filed Days = 28,843	FY19 Audited C/R Days	28,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,946		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.42	\$122.01	\$0.00	\$23.01	\$26.26	(with L&H)	\$23.72	\$2.42	\$9.34	\$3.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3419								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.93	\$0.00	\$23.01	\$26.26		\$23.72	\$2.42	\$9.34	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.91	\$84.91	\$0.00	\$22.66	\$25.85		\$23.72	\$2.42	13.69 (FRV)	\$3.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$24.91	\$2.42	\$13.69	\$3.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3520								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.15	\$120.54	\$0.00	\$23.79	\$27.14	\$0.00	\$24.91	\$2.42	\$13.69	\$3.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.10	\$6.63	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.25	\$127.17	\$0.00	\$23.79	\$27.14	\$0.00	\$42.38	\$2.42	\$13.69	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Shepherd Hills, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142964A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3977	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.76%	2.5%	Quarterly Medicaid CMI:			1.4457	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4712	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,007,444	\$3,520,886	\$0	\$471,143	\$808,257	\$0	\$950,478		\$256,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$96,819)	(\$74,609)	\$0	\$0	(\$507)	(\$32,303)	\$64,100		(\$53,500)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$212,226)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$486,905		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,049
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,232,353	\$3,446,277	\$0	\$471,143	\$807,750	(\$32,303)	\$802,352	\$486,905	\$203,180	\$47,049
8	Total Nursing Facility Days As Filed Days = 38,382	FY19 Audited C/R Days	38,382									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,759		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.38	\$89.79	\$0.00	\$12.28	\$20.20	(with L&H)	\$20.90	\$14.01	\$5.85	\$1.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3977								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.24								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	\$5.85	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.51	\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	8.53 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.88	\$3.21	\$0.00	\$0.61	\$1.01	\$0.00	\$1.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.39	\$67.45	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4712								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.17	\$99.23	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.26	\$105.22	\$0.00	\$13.11	\$21.62	\$0.00	\$39.42	\$14.01	\$8.53	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gold City Health and Rehabilitation Ctr Prvdr ID: 00142975A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 32.14% Nurse Hours per On-Site Day/Quality Incentive: 2.69		<u>Facility Score</u> N/A 32.14% 2.69	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5927 Quarterly Medicaid CMI: 1.7852 Qtrly Mcaid CMI w RUG Wght Options: 1.8179			<u>Facility Specific</u> 1.5927 1.7852 1.8179	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,134,341	\$2,455,017	\$0	\$354,865	\$355,888	\$0	\$770,366		\$198,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,109)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,109)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,193)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,091,662	\$2,455,017	\$0	\$354,865	\$355,888	\$0	\$728,173	\$0	\$167,096	\$30,623
8	Total Nursing Facility Days As Filed Days = 34,969	FY19 Audited C/R Days	34,969									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,865		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.72	\$70.21	\$0.00	\$10.15	\$10.18	(with L&H)	\$20.82	\$0.00	\$6.22	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	\$6.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.81	\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	9.44 (FRV)	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.26	\$2.20	\$0.00	\$0.51	\$0.51	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$100.07	\$46.28	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8179								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.92	\$84.13	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.17	\$89.28	\$0.00	\$10.88	\$11.10	\$0.00	\$39.33	\$0.00	\$9.44	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Signature HC - Marietta Prvdr ID: 00142986A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.44% Nurse Hours per On-Site Day/Quality Incentive: 3.13		<u>Facility Score</u> N/A 26.44% 3.13	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7059 Quarterly Medicaid CMI: 1.8591 Qtrly Mcaid CMI w RUG Wght Options: 1.8956			<u>Facility Specific</u> 1.7059 1.8591 1.8956	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,522,573	\$5,202,123	\$0	\$815,884	\$756,452	\$0	\$2,241,124		\$2,506,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$117,320)	\$0	\$0	\$0	(\$1,969)	\$0	\$0		(\$115,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$154,928)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$242,651		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,629,363	\$5,202,123	\$0	\$815,884	\$754,483	\$0	\$2,086,196	\$242,651	\$2,391,639	\$136,387
8	Total Nursing Facility Days As Filed Days = 44,316	FY19 Audited C/R Days	44,316									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								43,226		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$264.01	\$117.39	\$0.00	\$18.41	\$17.03	(with L&H)	\$47.08	\$5.61	\$55.33	\$3.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7059								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.81	\$0.00	\$18.41	\$17.03		\$47.08	\$5.61	\$55.33	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$68.81	\$0.00	\$18.41	\$17.03		\$27.76	\$5.61	14.96 (FRV)	\$3.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.60	\$3.44	\$0.00	\$0.92	\$0.85	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.34	\$72.25	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8956								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.05	\$136.96	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.79	\$142.97	\$0.00	\$19.55	\$18.29	\$0.00	\$46.25	\$5.61	\$14.96	\$3.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Fairburn, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142997A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4512	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.6631	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.47	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6925	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,546,249	\$3,120,372	\$0	\$453,883	\$599,066	\$0	\$959,155		\$413,773	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$88,850)	(\$65,032)	\$0	\$0	\$1,678	(\$30,629)	\$60,803		(\$55,670)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$155,307)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,716,405	\$3,055,340	\$0	\$453,883	\$600,744	(\$30,629)	\$864,651	\$356,000	\$358,103	\$58,313
8	Total Nursing Facility Days As Filed Days = 28,428	FY19 Audited C/R Days	28,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.30	\$107.48	\$0.00	\$15.97	\$20.05	(with L&H)	\$30.42	\$17.23	\$17.33	\$2.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.06	\$0.00	\$15.97	\$20.05		\$30.42	\$17.23	\$17.33	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.97	\$74.06	\$0.00	\$15.97	\$20.05		\$27.76	\$17.23	14.08 (FRV)	\$2.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.89	\$3.70	\$0.00	\$0.80	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.86	\$77.76	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.08	\$2.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6925								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.71	\$131.61	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.08	\$2.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.58	\$6.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.87	\$140.04	\$0.00	\$16.99	\$21.46	\$0.00	\$46.25	\$17.23	\$14.08	\$2.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Smith Medical Nursing Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143008A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			0.9534	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.39%	2.5%	Quarterly Medicaid CMI:			0.9854	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.54	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			0.9965	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,656,122	\$728,797	\$0	\$232,131	\$184,060	\$0	\$485,984		\$25,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$47,658)	(\$1,300)	\$0	\$0	\$0	\$0	(\$27,888)		(\$18,470)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,869)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$74,360		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,657,664	\$727,497	\$0	\$232,131	\$184,060	\$0	\$414,227	\$74,360	\$6,680	\$18,709
8	Total Nursing Facility Days As Filed Days = 18,427	FY19 Audited C/R Days	18,427									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,616		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$91.38	\$39.48	\$0.00	\$12.60	\$9.99	(with L&H)	\$22.48	\$5.09	\$0.46	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		0.9534								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	\$0.46	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.30	\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	11.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.32	\$2.07	\$0.00	\$0.63	\$0.50	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$108.62	\$43.48	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		0.9965								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$43.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$108.47	\$43.33	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.71	\$1.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$128.18	\$44.94	\$0.00	\$13.45	\$10.90	\$0.00	\$41.07	\$5.09	\$11.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$83.31									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Social Circle Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143041A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5339	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		18.60%	0.0%	Quarterly Medicaid CMI:			1.7037	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.34	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7349	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,412,106	\$2,267,751	\$0	\$439,924	\$522,291	\$0	\$728,586		\$453,554	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$83,823)	(\$30,677)	\$0	\$904	\$0	(\$24,399)	(\$11,202)		(\$18,449)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$5,854)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,108
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,355,177	\$2,237,074	\$0	\$440,828	\$522,291	(\$24,399)	\$711,530	\$6,640	\$435,105	\$26,108
8	Total Nursing Facility Days As Filed Days = 21,984	FY19 Audited C/R Days	21,984									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,838		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.41	\$101.76	\$0.00	\$20.05	\$22.65	(with L&H)	\$32.37	\$0.33	\$21.93	\$1.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5339								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.34	\$0.00	\$20.05	\$22.65		\$32.37	\$0.33	\$21.93	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.17	\$66.34	\$0.00	\$20.05	\$22.65		\$27.76	\$0.33	10.72 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.32	\$0.00	\$1.00	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$69.66	\$0.00	\$21.05	\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	\$1.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7349								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.20	\$120.85	\$0.00	\$21.05	\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	\$1.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.68	\$2.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.88	\$123.80	\$0.00	\$21.27	\$24.19	\$0.00	\$46.25	\$0.33	\$10.72	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Griffin, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143052A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4000	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		60.61%	5.5%	Quarterly Medicaid CMI:			1.8148	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8489	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,885,382	\$2,086,080	\$0	\$309,870	\$495,875	\$0	\$646,140		\$347,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$83,356)	(\$63,528)	\$0	\$0	\$0	(\$47,334)	\$65,180		(\$37,674)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$131,003)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$299,657		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$38,781
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,009,461	\$2,022,552	\$0	\$309,870	\$495,875	(\$47,334)	\$580,317	\$299,657	\$309,743	\$38,781
8	Total Nursing Facility Days As Filed Days = 21,065	FY19 Audited C/R Days	21,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,315		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.00	\$96.01	\$0.00	\$14.71	\$21.29	(with L&H)	\$27.55	\$17.31	\$17.89	\$2.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	\$17.89	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.29	\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	9.61 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.43	\$0.00	\$0.74	\$1.06	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.90	\$72.01	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8489								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.03	\$133.14	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.32	\$7.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.73	\$11.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.76	\$144.98	\$0.00	\$15.67	\$22.76	\$0.00	\$46.19	\$17.31	\$9.61	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Sparta Health & Rehab Prvdr ID: 00143063A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 30.43% Nurse Hours per On-Site Day/Quality Incentive: 3.09		N/A 2.5% 5.0%	5.00% 2.5% 5.0%	Base Period Overall CMI: 1.2320 Quarterly Medicaid CMI: 1.2156 Qtrly Mcaid CMI w RUG Wght Options: 1.2341			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,784,122	\$1,904,126	\$0	\$445,378	\$428,939	\$0	\$605,623		\$400,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$35,349)	\$0	\$0	\$0	\$0	(\$5,149)	(\$9,829)		(\$20,371)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,420)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$85,088		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,458
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,811,899	\$1,904,126	\$0	\$445,378	\$428,939	(\$5,149)	\$552,374	\$85,088	\$379,685	\$21,458
8	Total Nursing Facility Days As Filed Days = 25,143	FY19 Audited C/R Days	25,143									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.93	\$75.73	\$0.00	\$17.71	\$16.86	(with L&H)	\$21.97	\$5.54	\$24.72	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2320								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.47	\$0.00	\$17.71	\$16.86		\$21.97	\$5.54	\$24.72	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.42	\$61.47	\$0.00	\$17.71	\$16.86		\$21.97	\$5.54	9.47 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.90	\$3.07	\$0.00	\$0.89	\$0.84	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.32	\$64.54	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2341								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.43	\$79.65	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.03	\$86.15	\$0.00	\$18.82	\$18.11	\$0.00	\$40.54	\$5.54	\$9.47	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.20									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$177.83									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$120.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Fox Glove Court Care and Rehab Prvdr ID: 00143074A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 38.46% Nurse Hours per On-Site Day/Quality Incentive: 2.80		<u>Facility Score</u> N/A 38.46% 2.80	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5171 Quarterly Medicaid CMI: 1.9520 Qtrly Mcaid CMI w RUG Wght Options: 1.9897			<u>Facility Specific</u> 1.5171 1.9520 1.9897	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,282,724	\$1,645,276	\$0	\$311,928	\$290,722	\$0	\$605,498		\$429,300	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$28,104)	\$0	\$0	\$0	\$0	\$0	\$0		(\$28,104)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$183,642		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$95,064
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,533,326	\$1,645,276	\$0	\$311,928	\$290,722	\$0	\$605,498	\$183,642	\$401,196	\$95,064
8	Total Nursing Facility Days As Filed Days = 20,784	FY19 Audited C/R Days	20,784									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,671		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.36	\$79.16	\$0.00	\$15.01	\$13.99	(with L&H)	\$29.13	\$5.15	\$11.25	\$2.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5171								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.18	\$0.00	\$15.01	\$13.99		\$29.13	\$5.15	\$11.25	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.57	\$52.18	\$0.00	\$15.01	\$13.99		\$27.76	\$5.15	8.81 (FRV)	\$2.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.45	\$2.61	\$0.00	\$0.75	\$0.70	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.02	\$54.79	\$0.00	\$15.76	\$14.69	\$0.00	\$29.15	\$5.15	\$8.81	\$2.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9897								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.25	\$109.02	\$0.00	\$15.76	\$14.69	\$0.00	\$29.15	\$5.15	\$8.81	\$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.51	\$115.55	\$0.00	\$15.98	\$15.10	\$0.00	\$46.25	\$5.15	\$8.81	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Cartersville Heights Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143085A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5588	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.49%	1.0%	Quarterly Medicaid CMI:			1.6295	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.31	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6597	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,645,484	\$3,395,764	\$0	\$563,359	\$536,443	\$0	\$736,184		\$413,734	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$50,771)	(\$3,400)	\$0	\$0	\$0	\$0	(\$2,242)		(\$45,129)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$160,041		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,846,908	\$3,392,364	\$0	\$563,359	\$536,443	\$0	\$733,942	\$160,041	\$368,605	\$92,154
8	Total Nursing Facility Days As Filed Days = 40,854	FY19 Audited C/R Days	40,854									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,071		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.13	\$83.04	\$0.00	\$13.79	\$13.13	(with L&H)	\$17.96	\$4.44	\$10.22	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5588								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$13.79	\$13.13		\$17.96	\$4.44	\$10.22	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.89	\$53.27	\$0.00	\$13.79	\$13.13		\$17.96	\$4.44	14.75 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.91	\$2.66	\$0.00	\$0.69	\$0.66	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.80	\$55.93	\$0.00	\$14.48	\$13.79	\$0.00	\$18.86	\$4.44	\$14.75	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6597								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.70	\$92.83	\$0.00	\$14.48	\$13.79	\$0.00	\$18.86	\$4.44	\$14.75	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$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	\$184.04	\$97.07	\$0.00	\$14.70	\$14.20	\$0.00	\$36.33	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Spring Valley, LLC Prvdr ID: 00143096A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 27.08% Nurse Hours per On-Site Day/Quality Incentive: 3.59		<u>Facility Score</u> N/A 27.08% 3.59	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5488 Quarterly Medicaid CMI: 1.4894 Qtrly Mcaid CMI w RUG Wght Options: 1.5175			<u>Facility Specific</u> 1.5488 1.4894 1.5175	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,201,083	\$1,680,084	\$0	\$287,251	\$411,805	\$0	\$592,489		\$229,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,855)	(\$44,089)	\$0	\$0	(\$3,846)	(\$4,769)	\$33,632		(\$12,783)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,560)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$260,162		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,034
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,331,864	\$1,635,995	\$0	\$287,251	\$407,959	(\$4,769)	\$512,561	\$260,162	\$216,671	\$16,034
8	Total Nursing Facility Days As Filed Days = 17,588	FY19 Audited C/R Days	17,588									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,382		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.77	\$93.02	\$0.00	\$16.33	\$22.92	(with L&H)	\$29.14	\$14.97	\$12.47	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5488								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.06	\$0.00	\$16.33	\$22.92		\$29.14	\$14.97	\$12.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.23	\$60.06	\$0.00	\$16.33	\$22.92		\$27.76	\$14.97	10.27 (FRV)	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.36	\$3.00	\$0.00	\$0.82	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.59	\$63.06	\$0.00	\$17.15	\$24.07	\$0.00	\$29.15	\$14.97	\$10.27	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5175								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.22	\$95.69	\$0.00	\$17.15	\$24.07	\$0.00	\$29.15	\$14.97	\$10.27	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.35	\$99.09	\$0.00	\$17.37	\$24.48	\$0.00	\$46.25	\$14.97	\$10.27	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Winthrop Manor Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143118A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5306	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		21.28%	1.0%	Quarterly Medicaid CMI:			1.4199	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4428	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,396,522	\$3,009,888	\$0	\$578,637	\$649,733	\$0	\$1,016,730		\$141,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,666)	(\$15,696)	\$0	\$0	\$2,442	(\$2,333)	(\$55,068)		(\$12,011)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,650		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,925
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,378,781	\$2,994,192	\$0	\$578,637	\$652,175	(\$2,333)	\$909,012	\$104,650	\$129,523	\$12,925
8	Total Nursing Facility Days As Filed Days = 31,870	FY19 Audited C/R Days	31,870									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.54	\$93.95	\$0.00	\$18.16	\$20.39	(with L&H)	\$28.52	\$4.03	\$4.99	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5306								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.38	\$0.00	\$18.16	\$20.39		\$28.52	\$4.03	\$4.99	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.36	\$61.38	\$0.00	\$18.16	\$20.39		\$27.76	\$4.03	12.14 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.07	\$0.00	\$0.91	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$64.45	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4428								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.29	\$92.99	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.27	\$97.24	\$0.00	\$19.29	\$21.82	\$0.00	\$46.25	\$4.03	\$12.14	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Senior Care Ctr.- St. Marys Prvdr ID: 00143129A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 44.44% Nurse Hours per On-Site Day/Quality Incentive: 4.71		N/A 2.5% 3.0%	5.00%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.2588 1.2395 1.2571	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,537,052	\$3,127,140	\$0	\$722,004	\$669,895	\$0	\$866,555		\$151,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,801)	(\$30,787)	\$0	\$0	(\$3,226)	(\$1,435)	(\$3,353)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,358		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,871
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,671,480	\$3,096,353	\$0	\$722,004	\$666,669	(\$1,435)	\$863,202	\$161,358	\$151,458	\$11,871
8	Total Nursing Facility Days As Filed Days = 24,110	FY19 Audited C/R Days	24,110									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$239.88	\$128.43	\$0.00	\$29.95	\$27.59	(with L&H)	\$35.80	\$9.00	\$8.45	\$0.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2588								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.02	\$0.00	\$29.95	\$27.59		\$35.80	\$9.00	\$8.45	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.32	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$9.00	11.48 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.38	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2571								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.30	\$112.08	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$6.16	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.56	\$118.24	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$9.00	\$11.48	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Eagle Health Prvdr ID: 00143151A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.5922	1.4759
Qtrly BIMS score				35.14%	2.5%	Quarterly Medicaid CMI:					1.3823	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4056	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,594,695	\$2,495,365	\$0	\$448,323	\$462,685	\$0	\$903,200		\$285,122	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,488)	\$2,282	\$0	\$0	\$802	(\$2,017)	(\$11,447)		(\$39,108)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$71,558)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$125,165		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,511
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,644,325	\$2,497,647	\$0	\$448,323	\$463,487	(\$2,017)	\$820,195	\$125,165	\$246,014	\$45,511
8	Total Nursing Facility Days As Filed Days = 27,772	FY19 Audited C/R Days	24,828									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.53	\$100.60	\$0.00	\$18.06	\$18.59	(with L&H)	\$33.04	\$7.88	\$15.49	\$2.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5922								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.06	\$18.59		\$33.04	\$7.88	\$15.49	\$2.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.16	\$63.18	\$0.00	\$18.06	\$18.59		\$27.76	\$7.88	10.82 (FRV)	\$2.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.16	\$0.00	\$0.90	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.54	\$66.34	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4056								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.45	\$93.25	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.39	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.84	\$98.91	\$0.00	\$19.18	\$19.93	\$0.00	\$46.25	\$7.88	\$10.82	\$2.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.56									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$233.35									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$162.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Arrowhead Healthcare Prvdr ID: 00143162A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 69.86% Nurse Hours per On-Site Day/Quality Incentive: 2.48		N/A 5.5% 3.0%	Base Period Overall CMI: 1.8872 Quarterly Medicaid CMI: 2.0285 Qtrly Mcaid CMI w RUG Wght Options: 2.0685			1.8872 2.0285 2.0685	1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,277,342	\$2,820,906	\$0	\$556,845	\$760,271	\$0	\$1,221,072		\$918,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$51,747)	\$0	\$0	\$0	\$0	\$0	\$0		(\$51,747)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,519)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$58,758		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,567
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,290,401	\$2,820,906	\$0	\$556,845	\$760,271	\$0	\$1,155,553	\$58,758	\$866,501	\$71,567
8	Total Nursing Facility Days As Filed Days = 39,180	FY19 Audited C/R Days	39,180									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,428		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.86	\$72.00	\$0.00	\$14.21	\$19.40	(with L&H)	\$29.49	\$1.93	\$28.48	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.8872								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.15								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.15	\$0.00	\$14.21	\$19.40		\$29.49	\$1.93	\$28.48	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.46	\$38.15	\$0.00	\$14.21	\$19.40		\$27.76	\$1.93	10.66 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.98	\$1.91	\$0.00	\$0.71	\$0.97	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.44	\$40.06	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0685								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.24	\$82.86	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.55	\$90.44	\$0.00	\$15.14	\$20.78	\$0.00	\$46.25	\$1.93	\$10.66	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.84									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.29									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$135.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Sunrise, LLC Prvdr ID: 00143173A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.03% Nurse Hours per On-Site Day/Quality Incentive: 4.66			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5044 Quarterly Medicaid CMI: 1.6729 Qtrly Mcaid CMI w RUG Wght Options: 1.7051			<u>Facility Specific</u> 1.5044 1.6729 1.7051	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,448,282	\$1,903,928	\$0	\$335,637	\$423,377	\$0	\$564,002		\$221,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,044)	(\$16,395)	\$0	\$0	\$0	\$0	(\$1,676)		(\$26,973)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,994)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$260,644		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,788
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,569,676	\$1,887,533	\$0	\$335,637	\$423,377	\$0	\$448,332	\$260,644	\$194,365	\$19,788
8	Total Nursing Facility Days As Filed Days = 20,121	FY19 Audited C/R Days	20,121									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.76	\$93.81	\$0.00	\$16.68	\$21.04	(with L&H)	\$22.28	\$16.99	\$12.67	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5044								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	\$12.67	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.62	\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	11.98 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.12	\$0.00	\$0.83	\$1.05	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.73	\$65.48	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7051								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.90	\$111.65	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.00	\$116.65	\$0.00	\$17.73	\$22.50	\$0.00	\$40.86	\$16.99	\$11.98	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Mountain View Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143184A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4223	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		24.53%	1.0%	Quarterly Medicaid CMI:			1.5864	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6156	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,716,312	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$785,409		\$356,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,949)	\$0	\$0	\$0	\$0	\$0	\$0		(\$26,949)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,817)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,677,447	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$744,592	\$0	\$329,391	\$28,901
8	Total Nursing Facility Days As Filed Days = 35,726	FY19 Audited C/R Days	35,726									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,819		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.78	\$70.42	\$0.00	\$13.35	\$16.29	(with L&H)	\$20.84	\$0.00	\$11.84	\$1.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.51	\$0.00	\$13.35	\$16.29		\$20.84	\$0.00	\$11.84	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.14	\$49.51	\$0.00	\$13.35	\$16.29		\$20.84	\$0.00	8.11 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.00	\$2.48	\$0.00	\$0.67	\$0.81	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.14	\$51.99	\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6156								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.15	\$84.00	\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.30	\$87.05	\$0.00	\$14.24	\$17.51	\$0.00	\$39.35	\$0.00	\$8.11	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Swainsboro, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143195A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4466	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		19.61%	0.0%	Quarterly Medicaid CMI:			1.5647	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.22	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5931	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,981,225	\$2,690,154	\$0	\$468,324	\$617,603	\$0	\$842,885		\$362,259	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$25,892)	(\$38,728)	\$0	\$0	\$14,353	(\$26,628)	\$49,272		(\$24,161)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$195,161)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$447,421		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,790
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,233,383	\$2,651,426	\$0	\$468,324	\$631,956	(\$26,628)	\$696,996	\$447,421	\$338,098	\$25,790
8	Total Nursing Facility Days As Filed Days = 29,002	FY19 Audited C/R Days	29,002									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.81	\$91.42	\$0.00	\$16.15	\$20.87	(with L&H)	\$24.03	\$22.25	\$16.81	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4466								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.20	\$0.00	\$16.15	\$20.87		\$24.03	\$22.25	\$16.81	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.58	\$63.20	\$0.00	\$16.15	\$20.87		\$24.03	\$22.25	10.80 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.16	\$0.00	\$0.81	\$1.04	\$0.00	\$1.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.79	\$66.36	\$0.00	\$16.96	\$21.91	\$0.00	\$25.23	\$22.25	\$10.80	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5931								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.15	\$105.72	\$0.00	\$16.96	\$21.91	\$0.00	\$25.23	\$22.25	\$10.80	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$3.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.95	\$109.42	\$0.00	\$17.18	\$22.32	\$0.00	\$42.70	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Sylvester Prvdr ID: 00143206A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 25.30% Nurse Hours per On-Site Day/Quality Incentive: 3.66			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4645 Quarterly Medicaid CMI: 1.4494 Qtrly Mcaid CMI w RUG Wght Options: 1.4751			<u>Facility Specific</u> 1.4645 1.4494 1.4751	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,435,967	\$3,407,311	\$0	\$571,913	\$847,251	\$0	\$1,159,010		\$450,482	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,635)	(\$11,856)	\$0	\$0	\$0	\$0	\$6,025		(\$32,804)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$223,816)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$505,437		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,723
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,712,676	\$3,395,455	\$0	\$571,913	\$847,251	\$0	\$941,219	\$505,437	\$417,678	\$33,723
8	Total Nursing Facility Days	FY19 Audited C/R Days	38,069									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,648		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.41	\$89.19	\$0.00	\$15.02	\$22.26	(with L&H)	\$24.72	\$16.49	\$13.63	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4645								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	\$13.63	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	10.82 (FRV)	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.15	\$3.05	\$0.00	\$0.75	\$1.11	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.46	\$63.95	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4751								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.84	\$94.33	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.24	\$98.63	\$0.00	\$15.99	\$23.78	\$0.00	\$43.43	\$16.49	\$10.82	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Tattnall Nursing, LLC Prvdr ID: 00143228A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>		<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 35.21% Nurse Hours per On-Site Day/Quality Incentive: 2.53		N/A 2.5% 2.0%	5.00% 2.5% 2.0%	Base Period Overall CMI: 1.2991 Quarterly Medicaid CMI: 1.2026 Qtrtly Mcaid CMI w RUG Wght Options: 1.2212		1.4759 1.4983 1.5246		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,375,282	\$1,777,376	\$0	\$340,389	\$386,236	\$0	\$577,429		\$293,852	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$34,215)	\$0	\$0	\$0	\$0	\$0	(\$12,858)		(\$21,357)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,023)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,114		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,432
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,399,590	\$1,777,376	\$0	\$340,389	\$386,236	\$0	\$540,548	\$59,114	\$272,495	\$23,432
8	Total Nursing Facility Days As Filed Days = 29,268	FY19 Audited C/R Days	29,268									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.61	\$60.73	\$0.00	\$11.63	\$13.20	(with L&H)	\$18.47	\$2.43	\$11.19	\$0.96
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	\$11.19	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.61	\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	8.17 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.50	\$2.34	\$0.00	\$0.58	\$0.66	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.11	\$49.09	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2212								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.97	\$59.95	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.20	\$1.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$138.30	\$63.18	\$0.00	\$12.43	\$14.27	\$0.00	\$36.86	\$2.43	\$8.17	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.90									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Thomson Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143261A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3859	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		49.32%	5.5%	Quarterly Medicaid CMI:			1.3997	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.42	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4212	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,682,701	\$3,829,877	\$0	\$695,835	\$841,792	\$0	\$801,348		\$513,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,142)	(\$747)	\$0	\$0	\$0	\$0	(\$4,621)		(\$38,774)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,084)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$134,037		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,941
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,696,453	\$3,829,130	\$0	\$695,835	\$841,792	\$0	\$678,643	\$134,037	\$475,075	\$41,941
8	Total Nursing Facility Days As Filed Days = 41,915	FY19 Audited C/R Days	41,915									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,872		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.03	\$91.35	\$0.00	\$16.60	\$20.08	(with L&H)	\$16.19	\$4.08	\$14.45	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3859								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.91	\$0.00	\$16.60	\$20.08		\$16.19	\$4.08	\$14.45	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.59	\$65.91	\$0.00	\$16.60	\$20.08		\$16.19	\$4.08	9.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$3.30	\$0.00	\$0.83	\$1.00	\$0.00	\$0.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.53	\$69.21	\$0.00	\$17.43	\$21.08	\$0.00	\$17.00	\$4.08	\$9.45	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4212								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.68	\$98.36	\$0.00	\$17.43	\$21.08	\$0.00	\$17.00	\$4.08	\$9.45	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.97	\$9.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.65	\$108.23	\$0.00	\$17.65	\$21.49	\$0.00	\$34.47	\$4.08	\$9.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Rehabilitation Center of South Georgia				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143283A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5704	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.96%	2.5%	Quarterly Medicaid CMI:			1.5684	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.43	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5966	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,408,719	\$4,660,318	\$0	\$930,177	\$1,179,971	\$0	\$1,031,298		\$606,955	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$69,461)	\$0	\$0	\$0	(\$5,331)	(\$3,695)	(\$6,303)		(\$54,132)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$110,940)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$150,941		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,447,483	\$4,660,318	\$0	\$930,177	\$1,174,640	(\$3,695)	\$914,055	\$150,941	\$552,823	\$68,224
8	Total Nursing Facility Days As Filed Days = 49,273	FY19 Audited C/R Days	49,273									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,136		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.54	\$94.58	\$0.00	\$18.88	\$23.76	(with L&H)	\$18.55	\$3.67	\$13.44	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5704								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	\$13.44	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.54	\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	9.79 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.07	\$3.01	\$0.00	\$0.94	\$1.19	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.61	\$63.24	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5966								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.34	\$100.97	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.52	\$107.05	\$0.00	\$20.04	\$25.36	\$0.00	\$36.95	\$3.67	\$9.79	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Tifton Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143294A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6488	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		39.39%	2.5%	Quarterly Medicaid CMI:			1.7489	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7794	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,722,905	\$2,692,883	\$0	\$468,785	\$457,696	\$0	\$888,737		\$1,214,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,795)	(\$16,087)	\$0	\$0	\$1,363	\$1,713	(\$4,867)		(\$31,917)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$6,348)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,501
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,881,663	\$2,676,796	\$0	\$468,785	\$459,059	\$1,713	\$877,522	\$174,400	\$1,182,887	\$40,501
8	Total Nursing Facility Days As Filed Days = 33,485	FY19 Audited C/R Days	33,485									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.81	\$79.94	\$0.00	\$14.00	\$13.76	(with L&H)	\$26.21	\$6.10	\$41.38	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6488								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.48	\$0.00	\$14.00	\$13.76		\$26.21	\$6.10	\$41.38	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.37	\$48.48	\$0.00	\$14.00	\$13.76		\$26.21	\$6.10	11.40 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.12	\$2.42	\$0.00	\$0.70	\$0.69	\$0.00	\$1.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.49	\$50.90	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7794								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.16	\$90.57	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.77	\$96.08	\$0.00	\$14.92	\$14.86	\$0.00	\$44.99	\$6.10	\$11.40	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Toccoa, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143305A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5047	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.78%	2.5%	Quarterly Medicaid CMI:			1.4440	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.51	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4679	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$8,959,137	\$5,183,279	\$0	\$818,177	\$991,208	\$0	\$1,484,100		\$482,373	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,229)	(\$69,272)	\$0	\$0	\$0	\$0	\$25,127		(\$38,084)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$341,716)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$785,660		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,036
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,362,888	\$5,114,007	\$0	\$818,177	\$991,208	\$0	\$1,167,511	\$785,660	\$444,289	\$42,036
8	Total Nursing Facility Days As Filed Days = 53,198	FY19 Audited C/R Days	53,198									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,956		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.39	\$96.13	\$0.00	\$15.38	\$18.63	(with L&H)	\$21.95	\$17.48	\$9.88	\$0.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5047								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	\$9.88	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.30	\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	7.04 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$3.19	\$0.00	\$0.77	\$0.93	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$67.07	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4679								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.67	\$98.45	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.73	\$103.41	\$0.00	\$16.37	\$19.97	\$0.00	\$40.52	\$17.48	\$7.04	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Oxley Park Health & Rehab Prvdr ID: 00143316A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hours per On-Site Day/Quality Incentive: 2.87			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4468 Quarterly Medicaid CMI: 1.5608 Qtrly Mcaid CMI w RUG Wght Options: 1.5910			<u>Facility Specific</u> 1.4468 1.5608 1.5910	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,218,750	\$3,416,533	\$0	\$613,485	\$657,494	\$0	\$929,423		\$601,815	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$86,849)	(\$9,907)	\$0	\$0	\$147	(\$1,804)	(\$34,510)		(\$40,775)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,858)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,108		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,900
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,229,051	\$3,406,626	\$0	\$613,485	\$657,641	(\$1,804)	\$840,055	\$110,108	\$561,040	\$41,900
8	Total Nursing Facility Days	FY19 Audited C/R Days	35,455									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.83	\$96.08	\$0.00	\$17.30	\$18.50	(with L&H)	\$23.69	\$4.36	\$22.24	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4468								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	\$22.24	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.11	\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	16.19	\$1.66
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.30	\$3.32	\$0.00	\$0.87	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.41	\$69.73	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5910								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.62	\$110.94	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.80	\$117.02	\$0.00	\$18.39	\$19.84	\$0.00	\$42.34	\$4.36	\$16.19	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Peake, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143327A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4991	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.85%	2.5%	Quarterly Medicaid CMI:			1.5886	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6166	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,481,356	\$4,792,851	\$0	\$729,402	\$968,467	\$0	\$1,355,907		\$634,729	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$147,661)	(\$72,856)	\$0	\$0	\$0	\$0	\$63,292		(\$138,097)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$230,808)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$528,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$115,031
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,746,838	\$4,719,995	\$0	\$729,402	\$968,467	\$0	\$1,188,391	\$528,920	\$496,632	\$115,031
8	Total Nursing Facility Days As Filed Days = 41,336	FY19 Audited C/R Days	41,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,126		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.44	\$114.19	\$0.00	\$17.65	\$23.43	(with L&H)	\$28.75	\$15.50	\$14.55	\$3.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.17	\$0.00	\$17.65	\$23.43		\$28.75	\$15.50	\$14.55	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.74	\$76.17	\$0.00	\$17.65	\$23.43		\$27.76	\$15.50	16.86 (FRV)	\$3.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.25	\$3.81	\$0.00	\$0.88	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.99	\$79.98	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6166								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.31	\$129.30	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.23	\$3.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.68	\$136.94	\$0.00	\$18.75	\$25.01	\$0.00	\$46.25	\$15.50	\$16.86	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Chatuge Regional Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143338A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2955	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.5090	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.37	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5360	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,180,469	\$4,828,212	\$0	\$1,372,980	\$513,826	\$733,242	\$1,408,865		\$323,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$441)	\$28,259	\$0	\$0	(\$4,572)	(\$6,524)	(\$17,604)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,750)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$37,438		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,155,726	\$4,856,471	\$0	\$1,372,980	\$509,254	\$726,718	\$1,329,511	\$37,438	\$323,344	\$10
8	Total Nursing Facility Days As Filed Days = 39,716	FY19 Audited C/R Days	39,716									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.70	\$122.28	\$0.00	\$34.57	\$31.12	(with L&H)	\$33.48	\$1.17	\$10.08	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2955								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.39	\$0.00	\$34.57	\$31.12		\$33.48	\$1.17	\$10.08	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.00	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$1.17	11.88 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.55	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.17	\$11.88	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5360								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.34	\$136.95	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.17	\$11.88	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.21	\$4.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.55	\$141.06	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.17	\$11.88	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Treutlen County Health & Rehab				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143349A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5629	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		62.86%	5.5%	Quarterly Medicaid CMI:			1.6700	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.11	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7019	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,194,567	\$1,707,609	\$0	\$379,780	\$337,764	\$0	\$559,811		\$209,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,133)	\$0	\$0	\$0	\$0	\$2,929	(\$38,133)		(\$5,929)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$26,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,184,905	\$1,707,609	\$0	\$379,780	\$337,764	\$2,929	\$495,028	\$52,000	\$203,674	\$6,121
8	Total Nursing Facility Days As Filed Days = 17,821	FY19 Audited C/R Days	17,821									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,502		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.91	\$95.82	\$0.00	\$21.31	\$19.12	(with L&H)	\$27.78	\$3.35	\$13.14	\$0.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5629								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.31	\$0.00	\$21.31	\$19.12		\$27.78	\$3.35	\$13.14	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.63	\$61.31	\$0.00	\$21.31	\$19.12		\$27.76	\$3.35	16.39 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.49	\$3.07	\$0.00	\$1.07	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.12	\$64.38	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7019								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.31	\$109.57	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.77	\$12.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.08	\$121.61	\$0.00	\$22.60	\$20.49	\$0.00	\$46.25	\$3.35	\$16.39	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Berrien Nursing Center Prvdr ID: 00143382A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 21.13% Nurse Hours per On-Site Day/Quality Incentive: 3.54		N/A 21.13% 3.54	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4832 1.6771 1.7073	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,981,849	\$2,860,490	\$0	\$679,439	\$664,550	\$0	\$1,034,453		\$742,917	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,067)	(\$4,201)	\$0	(\$7,090)	\$0	\$1,284	(\$18,524)		(\$40,536)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$169,497)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$201,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,250
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,990,888	\$2,856,289	\$0	\$672,349	\$664,550	\$1,284	\$846,432	\$201,353	\$702,381	\$46,250
8	Total Nursing Facility Days As Filed Days = 34,808	FY19 Audited C/R Days	34,808									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.02	\$82.06	\$0.00	\$19.32	\$19.13	(with L&H)	\$24.32	\$7.25	\$25.28	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	\$25.28	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	14.13 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.92	\$2.77	\$0.00	\$0.97	\$0.96	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.05	\$58.09	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7073								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.14	\$99.18	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$4.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.74	\$103.68	\$0.00	\$20.51	\$20.50	\$0.00	\$43.01	\$7.25	\$14.13	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Twin Oaks Convalescent Center Prvdr ID: 00143393A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 25.45% Nurse Hours per On-Site Day/Quality Incentive: 5.49			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3983 Quarterly Medicaid CMI: 1.6104 Qtrly Mcaid CMI w RUG Wght Options: 1.6393			Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,585,689	\$2,876,272	\$0	\$1,014,159	\$361,873	\$444,330	\$1,349,327		\$539,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$20,507)	(\$240,968)	\$0	\$2,956	(\$3,639)	(\$7,102)	\$255,830		(\$27,584)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$82,275)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$103,954		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,605,938	\$2,635,304	\$0	\$1,017,115	\$358,234	\$437,228	\$1,522,882	\$103,954	\$512,144	\$19,077
8	Total Nursing Facility Days As Filed Days = 31,171	FY19 Audited C/R Days	31,171									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.81	\$84.54	\$0.00	\$32.63	\$25.52	(with L&H)	\$48.86	\$4.46	\$21.98	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3983								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.46	\$0.00	\$32.63	\$25.52		\$48.86	\$4.46	\$21.98	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.32	\$60.46	\$0.00	\$32.43	\$25.52		\$27.76	\$4.46	19.87 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.31	\$3.02	\$0.00	\$1.62	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.63	\$63.48	\$0.00	\$34.05	\$26.80	\$0.00	\$29.15	\$4.46	\$19.87	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6393								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.21	\$104.06	\$0.00	\$34.05	\$26.80	\$0.00	\$29.15	\$4.46	\$19.87	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.53	\$0.00	\$0.00	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$4.69	\$0.00	\$0.00	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.25	\$108.75	\$0.00	\$34.05	\$27.05	\$0.00	\$46.25	\$4.46	\$19.87	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Union County Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143415A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2012	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.82%	2.5%	Quarterly Medicaid CMI:			1.3378	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3614	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,054,487	\$6,310,542	\$0	\$1,762,463	\$749,400	\$869,881	\$1,746,709		\$615,492	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$326,767)	\$1,171	\$0	\$0	(\$11,042)	(\$7,249)	(\$41,644)		(\$268,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$71,900)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$35,505		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,708,867	\$6,311,713	\$0	\$1,762,463	\$738,358	\$862,632	\$1,633,165	\$35,505	\$347,489	\$17,542
8	Total Nursing Facility Days As Filed Days = 53,244	FY19 Audited C/R Days	53,244									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,627		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.36	\$118.54	\$0.00	\$33.10	\$30.07	(with L&H)	\$30.67	\$0.80	\$7.79	\$0.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2012								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.68	\$0.00	\$33.10	\$30.07		\$30.67	\$0.80	\$7.79	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.25	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	12.11 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.80	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3614								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.02	\$121.38	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$6.67	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.79	\$128.05	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.80	\$12.11	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Kentwood Prvdr ID: 00143426A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.46% Nurse Hours per On-Site Day/Quality Incentive: 4.14		N/A 38.46% 4.14	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.3801 Quarterly Medicaid CMI: 1.5525 Qtrly Mcaid CMI w RUG Wght Options: 1.5799			1.3801 1.5525 1.5799	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,495,085	\$3,766,012	\$0	\$619,404	\$691,109	\$0	\$1,085,052		\$333,508	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$410,439)	(\$50,068)	\$0	\$0	\$0	(\$9,134)	(\$344,598)		(\$6,639)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$120,859)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,858		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,090,474	\$3,715,944	\$0	\$619,404	\$691,109	(\$9,134)	\$619,595	\$119,858	\$326,869	\$6,829
8	Total Nursing Facility Days As Filed Days = 33,029	FY19 Audited C/R Days	33,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,098		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.16	\$112.51	\$0.00	\$18.75	\$20.65	(with L&H)	\$18.76	\$5.68	\$15.49	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	\$15.49	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.57	\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	15.89 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.99	\$4.08	\$0.00	\$0.94	\$1.03	\$0.00	\$0.94	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.56	\$85.60	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5799								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.20	\$135.24	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$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	\$244.27	\$143.21	\$0.00	\$19.91	\$22.09	\$0.00	\$37.17	\$5.68	\$15.89	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Chulio Hills Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143437A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6109	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		27.66%	1.0%	Quarterly Medicaid CMI:			1.9693	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.15	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0082	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,021,204	\$4,174,786	\$0	\$498,403	\$658,496	\$0	\$985,351		\$704,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$129,457)	(\$46,087)	\$0	\$0	\$0	\$0	(\$45,421)		(\$37,949)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,458)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$158,028		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,796
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,949,113	\$4,128,699	\$0	\$498,403	\$658,496	\$0	\$818,472	\$158,028	\$666,219	\$20,796
8	Total Nursing Facility Days As Filed Days = 33,596	FY19 Audited C/R Days	33,596									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,592		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.82	\$122.89	\$0.00	\$14.84	\$19.60	(with L&H)	\$24.36	\$8.07	\$34.00	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6109								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$14.84	\$19.60		\$24.36	\$8.07	\$34.00	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.72	\$76.29	\$0.00	\$14.84	\$19.60		\$24.36	\$8.07	11.50 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.81	\$0.00	\$0.74	\$0.98	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.47	\$80.10	\$0.00	\$15.58	\$20.58	\$0.00	\$25.58	\$8.07	\$11.50	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0082								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$160.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.23	\$160.86	\$0.00	\$15.58	\$20.58	\$0.00	\$25.58	\$8.07	\$11.50	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.83	\$4.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.07	\$6.97	\$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	\$268.30	\$167.83	\$0.00	\$15.80	\$20.99	\$0.00	\$43.05	\$8.07	\$11.50	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Waycross Health & Rehabilitation Center Prvdr ID: 00143459A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.33		<u>Facility Score</u> N/A 3.33	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4985 Quarterly Medicaid CMI: 1.3689 Qtrly Mcaid CMI w RUG Wght Options: 1.3938			<u>Facility Specific</u> 1.4985 1.3689 1.3938	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,209,102	\$2,231,469	\$0	\$417,546	\$489,303	\$0	\$713,854		\$356,930	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$59,617)	\$0	\$0	\$0	(\$3,211)	(\$6,960)	(\$9,410)		(\$40,036)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,530)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$97,370		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,844
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,234,169	\$2,231,469	\$0	\$417,546	\$486,092	(\$6,960)	\$654,914	\$97,370	\$316,894	\$36,844
8	Total Nursing Facility Days As Filed Days = 23,354	FY19 Audited C/R Days	23,354									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.25	\$95.55	\$0.00	\$17.88	\$20.52	(with L&H)	\$28.04	\$5.45	\$17.75	\$2.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.77	\$0.00	\$17.88	\$20.52		\$28.04	\$5.45	\$17.75	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.63	\$63.77	\$0.00	\$17.88	\$20.52		\$27.76	\$5.45	8.19 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.50	\$3.19	\$0.00	\$0.89	\$1.03	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.13	\$66.96	\$0.00	\$18.77	\$21.55	\$0.00	\$29.15	\$5.45	\$8.19	\$2.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3938								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.50	\$93.33	\$0.00	\$18.77	\$21.55	\$0.00	\$29.15	\$5.45	\$8.19	\$2.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.39	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.89	\$98.99	\$0.00	\$18.99	\$21.96	\$0.00	\$46.25	\$5.45	\$8.19	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Washington County ECF Prvdr ID: 00143481A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 30.77% Nurse Hours per On-Site Day/Quality Incentive: 5.90		N/A 2.5% 2.0%	5.00%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.1751 1.2052 1.2240	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,840,613	\$2,135,539	\$0	\$621,338	\$177,497	\$162,410	\$752,103		(\$8,274)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$18,950)	(\$9,720)	\$0	(\$40,616)	(\$5,590)	(\$412)	(\$47,964)		\$85,352	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$21,976)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$37,791		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,843
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,841,321	\$2,125,819	\$0	\$580,722	\$171,907	\$161,998	\$682,163	\$37,791	\$77,078	\$3,843
8	Total Nursing Facility Days As Filed Days = 21,298	FY19 Audited C/R Days	21,298									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,788		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.50	\$99.81	\$0.00	\$27.27	\$15.68	(with L&H)	\$32.03	\$1.82	\$3.71	\$0.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.94								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.94	\$0.00	\$27.27	\$15.68		\$32.03	\$1.82	\$3.71	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.02	\$84.91	\$0.00	\$27.27	\$15.68		\$27.76	\$1.82	11.40 (FRV)	\$0.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.78	\$4.25	\$0.00	\$1.36	\$0.78	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.80	\$89.16	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2240								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.77	\$109.13	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.41	\$114.04	\$0.00	\$28.85	\$16.87	\$0.00	\$46.25	\$1.82	\$11.40	\$0.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westbury H & R - Conyers, Inc Prvdr ID: 00143503A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 40.00% Nurse Hours per On-Site Day/Quality Incentive: 4.03			<u>Facility Score</u> Add-on Percent 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4768 Quarterly Medicaid CMI: 1.5430 Qtrly Mcaid CMI w RUG Wght Options: 1.5730			<u>Facility Specific</u> 1.4768 1.5430 1.5730	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$9,906,019	\$5,928,934	\$0	\$1,089,128	\$1,355,064	\$0	\$1,427,548		\$105,345	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$95,646)	\$0	\$0	\$0	(\$2,713)	(\$2,276)	(\$12,582)		(\$78,075)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,659)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$22,948		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,778
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,616,440	\$5,928,934	\$0	\$1,089,128	\$1,352,351	(\$2,276)	\$1,179,307	\$22,948	\$27,270	\$18,778
8	Total Nursing Facility Days As Filed Days = 56,114	FY19 Audited C/R Days	56,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								6,318		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.07	\$105.66	\$0.00	\$19.41	\$24.06	(with L&H)	\$21.02	\$3.63	\$4.32	\$2.97
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4768								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.55	\$0.00	\$19.41	\$24.06		\$21.02	\$3.63	\$4.32	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.74	\$71.55	\$0.00	\$19.41	\$24.06		\$21.02	\$3.63	11.10 (FRV)	\$2.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.80	\$3.58	\$0.00	\$0.97	\$1.20	\$0.00	\$1.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.54	\$75.13	\$0.00	\$20.38	\$25.26	\$0.00	\$22.07	\$3.63	\$11.10	\$2.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5730								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.59	\$118.18	\$0.00	\$20.38	\$25.26	\$0.00	\$22.07	\$3.63	\$11.10	\$2.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.13	\$7.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.72	\$125.21	\$0.00	\$20.60	\$25.67	\$0.00	\$39.54	\$3.63	\$11.10	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westbury Medical Care Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143514A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5011	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.67%	2.5%	Quarterly Medicaid CMI:			1.5734	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6041	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,632,236	\$7,361,357	\$0	\$1,473,323	\$1,737,507	\$0	\$1,834,149		\$225,900	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$206,396)	(\$11,257)	\$0	\$0	\$0	\$3,862	(\$117,196)		(\$81,805)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$184,818)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,835		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,633
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,305,490	\$7,350,100	\$0	\$1,473,323	\$1,737,507	\$3,862	\$1,532,135	\$36,835	\$144,095	\$27,633
8	Total Nursing Facility Days As Filed Days = 66,743	FY19 Audited C/R Days	66,743									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								8,498		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.79	\$110.13	\$0.00	\$22.07	\$26.09	(with L&H)	\$22.96	\$4.33	\$16.96	\$3.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5011								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.37	\$0.00	\$22.07	\$26.09		\$22.96	\$4.33	\$16.96	\$3.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.25	\$73.37	\$0.00	\$22.07	\$25.85		\$22.96	\$4.33	12.42 (FRV)	\$3.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.21	\$3.67	\$0.00	\$1.10	\$1.29	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.46	\$77.04	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6041								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.00	\$123.58	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.02	\$7.33	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.02	\$130.91	\$0.00	\$23.39	\$27.14	\$0.00	\$41.58	\$4.33	\$12.42	\$3.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westbury H & R-McDonough, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143525A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4131	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		54.76%	5.5%	Quarterly Medicaid CMI:			1.4343	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4610	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,118,082	\$6,170,815	\$0	\$1,049,612	\$1,371,618	\$0	\$1,421,895		\$104,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$111,156)	(\$16,812)	\$0	\$0	(\$1,926)	(\$1,518)	(\$21,187)		(\$69,713)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$161,120)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$27,507		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,394
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,893,707	\$6,154,003	\$0	\$1,049,612	\$1,369,692	(\$1,518)	\$1,239,588	\$27,507	\$34,429	\$20,394
8	Total Nursing Facility Days As Filed Days = 53,203	FY19 Audited C/R Days	53,203									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								7,566		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.31	\$115.67	\$0.00	\$19.73	\$25.72	(with L&H)	\$23.30	\$3.64	\$4.55	\$2.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.86	\$0.00	\$19.73	\$25.72		\$23.30	\$3.64	\$4.55	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.14	\$81.86	\$0.00	\$19.73	\$25.72		\$23.30	\$3.64	10.19 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.54	\$4.09	\$0.00	\$0.99	\$1.29	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.68	\$85.95	\$0.00	\$20.72	\$27.01	\$0.00	\$24.47	\$3.64	\$10.19	\$2.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4610								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.30	\$125.57	\$0.00	\$20.72	\$27.01	\$0.00	\$24.47	\$3.64	\$10.19	\$2.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.22	\$0.53	\$0.00	\$0.22	\$0.10	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.00	\$11.21	\$0.00	\$0.22	\$0.10	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.30	\$136.78	\$0.00	\$20.94	\$27.11	\$0.00	\$41.94	\$3.64	\$10.19	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Seaside, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143536A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5193	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.78%	2.5%	Quarterly Medicaid CMI:			1.7928	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8286	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,917,611	\$1,980,751	\$0	\$371,734	\$487,121	\$0	\$712,436		\$365,569	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$14,382	(\$15,204)	\$0	\$0	\$0	\$0	\$45,123		(\$15,537)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$142,897)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$310,483		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,027
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,125,606	\$1,965,547	\$0	\$371,734	\$487,121	\$0	\$614,662	\$310,483	\$350,032	\$26,027
8	Total Nursing Facility Days As Filed Days = 20,830	FY19 Audited C/R Days	20,830									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.00	\$94.36	\$0.00	\$17.85	\$23.39	(with L&H)	\$29.51	\$14.42	\$16.26	\$1.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5193								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.11	\$0.00	\$17.85	\$23.39		\$29.51	\$14.42	\$16.26	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.43	\$62.11	\$0.00	\$17.85	\$23.39		\$27.76	\$14.42	12.69 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.56	\$3.11	\$0.00	\$0.89	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.99	\$65.22	\$0.00	\$18.74	\$24.56	\$0.00	\$29.15	\$14.42	\$12.69	\$1.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8286								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.03	\$119.26	\$0.00	\$18.74	\$24.56	\$0.00	\$29.15	\$14.42	\$12.69	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.85	\$126.35	\$0.00	\$18.96	\$24.97	\$0.00	\$46.25	\$14.42	\$12.69	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Wildwood Health Care, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143547A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6136	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			1.7312	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7645	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,513,489	\$1,255,081	\$0	\$296,470	\$293,235	\$0	\$376,900		\$291,803	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$16,830)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,830)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$19,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,494,232	\$1,255,081	\$0	\$296,470	\$293,235	\$0	\$357,700	\$0	\$274,973	\$16,773
8	Total Nursing Facility Days As Filed Days = 14,776	FY19 Audited C/R Days	14,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								12,658		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.11	\$84.94	\$0.00	\$20.06	\$19.85	(with L&H)	\$24.21	\$0.00	\$21.72	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6136								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	\$21.72	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.32	\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	11.23 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.83	\$2.63	\$0.00	\$1.00	\$0.99	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.27	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7645								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.40	\$97.52	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.40	\$103.42	\$0.00	\$21.28	\$21.25	\$0.00	\$42.89	\$0.00	\$11.23	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Southland Healthcare & Rehab Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143558A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4870	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid CMI:			1.4646	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4879	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,927,344	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$775,650		\$1,034,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$60,167)	\$0	\$0	\$0	\$0	\$0	(\$11,456)		(\$48,711)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$75,849)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,011		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,506
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,868,845	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$688,345	\$49,011	\$985,871	\$28,506
8	Total Nursing Facility Days As Filed Days = 31,543	FY19 Audited C/R Days	31,543									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,162		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.11	\$70.02	\$0.00	\$12.67	\$16.13	(with L&H)	\$21.82	\$1.68	\$33.81	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4870								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	\$33.81	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.29	\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	8.92 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.88	\$2.35	\$0.00	\$0.63	\$0.81	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.17	\$49.44	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4879								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.29	\$73.56	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.87	\$77.04	\$0.00	\$13.52	\$17.35	\$0.00	\$40.38	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Pruitt Health - Washington				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143569A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4865	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.48%	2.5%	Quarterly Medicaid CMI:			1.6859	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7171	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,642,953	\$1,420,993	\$0	\$238,164	\$320,542	\$0	\$560,169		\$103,085	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$27,980)	(\$17,374)	\$0	\$0	\$0	\$0	\$8,342		(\$18,948)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$89,416)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,687		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,744
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,746,988	\$1,403,619	\$0	\$238,164	\$320,542	\$0	\$479,095	\$203,687	\$84,137	\$17,744
8	Total Nursing Facility Days As Filed Days = 13,778	FY19 Audited C/R Days	13,778									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,957		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.74	\$101.87	\$0.00	\$17.29	\$23.26	(with L&H)	\$34.77	\$17.03	\$7.04	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4865								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.53								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.53	\$0.00	\$17.29	\$23.26		\$34.77	\$17.03	\$7.04	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.90	\$68.53	\$0.00	\$17.29	\$23.26		\$27.76	\$17.03	10.55 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.43	\$0.00	\$0.86	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.74	\$71.96	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7171								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.34	\$123.56	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.06	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.40	\$130.89	\$0.00	\$18.37	\$24.83	\$0.00	\$46.25	\$17.03	\$10.55	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Wood Dale Health Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143591A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3180	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.43%	2.5%	Quarterly Medicaid CMI:			1.3412	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.09	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3622	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,077,299	\$3,302,261	\$0	\$614,817	\$749,018	\$0	\$1,222,353		\$188,850	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$14,648)	(\$38,729)	\$0	\$0	\$0	\$0	\$24,083		(\$2)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$106,676)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,801		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$8,431
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,006,207	\$3,263,532	\$0	\$614,817	\$749,018	\$0	\$1,139,760	\$41,801	\$188,848	\$8,431
8	Total Nursing Facility Days As Filed Days = 28,681	FY19 Audited C/R Days	28,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,486		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.27	\$113.79	\$0.00	\$21.44	\$26.12	(with L&H)	\$39.74	\$1.78	\$8.04	\$0.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3180								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.33	\$0.00	\$21.44	\$26.12		\$39.74	\$1.78	\$8.04	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.52	\$84.91	\$0.00	\$21.44	\$25.85		\$27.76	\$1.78	12.42 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.00	\$4.25	\$0.00	\$1.07	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.52	\$89.16	\$0.00	\$22.51	\$27.14	\$0.00	\$29.15	\$1.78	\$12.42	\$0.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3622								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.81	\$121.45	\$0.00	\$22.51	\$27.14	\$0.00	\$29.15	\$1.78	\$12.42	\$0.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$6.68	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.81	\$128.13	\$0.00	\$22.73	\$27.14	\$0.00	\$46.25	\$1.78	\$12.42	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Wrightsville Manor				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143602A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		37.50%	2.5%	Quarterly Medicaid CMI:			1.7159	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.63	3.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.7479	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,799,684	\$2,611,046	\$0	\$571,091	\$547,584	\$0	\$717,222		\$352,741	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$42,459)	(\$8,378)	\$0	(\$869)	(\$765)	(\$226)	(\$14,147)		(\$18,075)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$70,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,592
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,853,172	\$2,602,668	\$0	\$570,222	\$546,819	(\$226)	\$703,075	\$70,355	\$334,666	\$25,592
8	Total Nursing Facility Days As Filed Days = 32,176	FY19 Audited C/R Days	32,176									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,128		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.93	\$80.89	\$0.00	\$17.72	\$16.99	(with L&H)	\$21.85	\$2.69	\$12.81	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.99								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	\$12.81	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.12	\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	12.90 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.43	\$2.60	\$0.00	\$0.89	\$0.85	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.55	\$54.59	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7479								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.38	\$95.42	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.26	\$101.20	\$0.00	\$18.83	\$18.25	\$0.00	\$40.41	\$2.69	\$12.90	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Heritage Inn of Barnesville				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143613A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6080	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		44.93%	2.5%	Quarterly Medicaid CMI:			1.3231	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3415	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,233,151	\$3,483,014	\$0	\$576,907	\$693,884	\$0	\$957,408		\$521,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,184)	\$0	\$0	\$0	\$3,388	(\$6,349)	(\$14,844)		(\$35,379)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,140)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$123,176		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,258
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,277,261	\$3,483,014	\$0	\$576,907	\$697,272	(\$6,349)	\$880,424	\$123,176	\$486,559	\$36,258
8	Total Nursing Facility Days As Filed Days = 37,279	FY19 Audited C/R Days	37,279									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,069		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.83	\$93.43	\$0.00	\$15.48	\$18.53	(with L&H)	\$23.62	\$4.72	\$18.66	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6080								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.10	\$0.00	\$15.48	\$18.53		\$23.62	\$4.72	\$18.66	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.09	\$58.10	\$0.00	\$15.48	\$18.53		\$23.62	\$4.72	8.25 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.91	\$0.00	\$0.77	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.88	\$61.01	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3415								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.71	\$81.84	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.85	\$86.88	\$0.00	\$16.47	\$19.87	\$0.00	\$42.27	\$4.72	\$8.25	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Traditions Health & Rehab				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143701A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score			50.50%	5.5%	Quarterly Medicaid CMI:			1.7343	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:			3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7647	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,180,572	\$5,938,771	\$0	\$1,058,006	\$1,166,295	\$0	\$1,598,228		\$419,272	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$168,205)	(\$2,696)	\$0	\$0	\$6,626	(\$566)	(\$95,856)		(\$75,713)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$96,070)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$191,035			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$151,329	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,258,661	\$5,936,075	\$0	\$1,058,006	\$1,172,921	(\$566)	\$1,406,302	\$191,035	\$343,559	\$151,329	
8	Total Nursing Facility Days As Filed Days = 59,984	FY19 Audited C/R Days	57,228										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,791			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$103.73	\$0.00	\$18.49	\$20.49	(with L&H)	\$24.57	\$5.06	\$9.09	\$4.00	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6146									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	\$9.09	\$4.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.67	\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	10.81 (FRV)	\$4.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.21	\$0.00	\$0.92	\$1.02	\$0.00	\$1.23	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.05	\$67.46	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7647									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.64	\$119.05	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.57	\$3.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.65	\$10.65	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.29	\$129.70	\$0.00	\$19.63	\$21.92	\$0.00	\$26.17	\$5.06	\$10.81	\$4.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.97										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth -Lilburn, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00145527A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4668	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.56%	2.5%	Quarterly Medicaid CMI:			1.7050	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7361	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,098,958	\$4,619,515	\$0	\$786,201	\$989,243	\$0	\$1,361,674		\$342,325	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$101,349)	(\$60,969)	\$0	\$0	\$4,026	(\$53,054)	\$61,575		(\$52,927)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$288,046)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$660,869		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,442,186	\$4,558,546	\$0	\$786,201	\$993,269	(\$53,054)	\$1,135,203	\$660,869	\$289,398	\$71,754
8	Total Nursing Facility Days As Filed Days = 48,398	FY19 Audited C/R Days	48,398									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,536		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.08	\$94.19	\$0.00	\$16.24	\$19.43	(with L&H)	\$23.46	\$18.60	\$8.14	\$2.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4668								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.22	\$0.00	\$16.24	\$19.43		\$23.46	\$18.60	\$8.14	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.52	\$64.22	\$0.00	\$16.24	\$19.43		\$23.46	\$18.60	8.55 (FRV)	\$2.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.16	\$3.21	\$0.00	\$0.81	\$0.97	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.68	\$67.43	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7361								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.32	\$117.07	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.07	\$6.97	\$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	\$233.39	\$124.04	\$0.00	\$17.27	\$20.81	\$0.00	\$42.10	\$18.60	\$8.55	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Quinton Memorial Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00150279A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3621	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		13.73%	0.0%	Quarterly Medicaid CMI:			1.1426	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		0.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1581	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,346,159	\$4,813,368	\$0	\$825,734	\$833,780	\$0	\$1,551,754		\$321,523	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$22,296)	(\$39,183)	\$0	\$0	(\$3,301)	(\$2,627)	\$22,815		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$130,594)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,173		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,266,289	\$4,774,185	\$0	\$825,734	\$830,479	(\$2,627)	\$1,443,975	\$61,173	\$321,523	\$11,847
8	Total Nursing Facility Days As Filed Days = 42,058	FY19 Audited C/R Days	42,058									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,422		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.56	\$113.51	\$0.00	\$19.63	\$19.68	(with L&H)	\$34.33	\$2.08	\$10.93	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3621								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.34	\$0.00	\$19.63	\$19.68		\$34.33	\$2.08	\$10.93	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.44	\$83.34	\$0.00	\$19.63	\$19.68		\$27.76	\$2.08	20.55 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.52	\$4.17	\$0.00	\$0.98	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.96	\$87.51	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1581								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.80	\$101.35	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.29	\$2.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.09	\$103.91	\$0.00	\$20.83	\$21.07	\$0.00	\$46.25	\$2.08	\$20.55	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.49									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$226.50									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Christian City Convalescent Center, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00158034A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4846	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.53%	2.5%	Quarterly Medicaid CMI:			1.4349	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4615	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$13,423,618	\$7,550,981	\$0	\$1,214,889	\$1,300,152	\$0	\$2,988,285		\$369,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$73,044)	(\$141,715)	\$0	\$0	\$0	\$0	\$101,820		(\$33,149)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$378,229)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$861,543		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,866,144	\$7,409,266	\$0	\$1,214,889	\$1,300,152	\$0	\$2,711,876	\$861,543	\$336,162	\$32,256
8	Total Nursing Facility Days As Filed Days = 69,421	FY19 Audited C/R Days	69,421									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								60,954		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.20	\$106.73	\$0.00	\$17.50	\$18.73	(with L&H)	\$39.06	\$14.13	\$5.52	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4846								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.89	\$0.00	\$17.50	\$18.73		\$39.06	\$14.13	\$5.52	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.05	\$71.89	\$0.00	\$17.50	\$18.73		\$27.76	\$14.13	15.51 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.80	\$3.59	\$0.00	\$0.88	\$0.94	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.85	\$75.48	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4615								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.68	\$110.31	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.23	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.91	\$116.91	\$0.00	\$18.60	\$20.08	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Manor Care Rehab Ctr of Decatur				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00159266A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5256	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.1955	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.33	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2128	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$8,286,944	\$4,989,068	\$0	\$809,489	\$778,980	\$0	\$1,509,697		\$199,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$63,182)	\$0	\$0	\$0	\$0	(\$17,248)	\$17,248		(\$63,182)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$115,739)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$29,171		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$167,764
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,304,958	\$4,989,068	\$0	\$809,489	\$778,980	(\$17,248)	\$1,411,206	\$29,171	\$136,528	\$167,764
8	Total Nursing Facility Days As Filed Days = 42,733	FY19 Audited C/R Days	42,733									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,395		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.96	\$116.75	\$0.00	\$18.94	\$17.83	(with L&H)	\$33.02	\$0.82	\$3.86	\$4.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5256								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$18.94	\$17.83		\$33.02	\$0.82	\$3.86	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.82	\$76.53	\$0.00	\$18.94	\$17.83		\$27.76	\$0.82	11.20 (FRV)	\$4.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.06	\$3.83	\$0.00	\$0.95	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.88	\$80.36	\$0.00	\$19.89	\$18.72	\$0.00	\$29.15	\$0.82	\$11.20	\$4.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2128								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.98	\$97.46	\$0.00	\$19.89	\$18.72	\$0.00	\$29.15	\$0.82	\$11.20	\$4.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.68	\$100.43	\$0.00	\$20.11	\$19.13	\$0.00	\$46.25	\$0.82	\$11.20	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Hart Care Center				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00167857A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.6940	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score			28.07%	1.0%	Quarterly Medicaid CMI:			1.5343	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:			3.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5587	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,387	\$3,601,997	\$0	\$638,551	\$541,979	\$0	\$753,197		\$62,663	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$39,496)	\$0	\$0	\$0	\$0	\$0	\$0		(\$39,496)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,992)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$64,236			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$43,946	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,618,081	\$3,601,997	\$0	\$638,551	\$541,979	\$0	\$704,205	\$64,236	\$23,167	\$43,946	
8	Total Nursing Facility Days As Filed Days = 38,026	FY19 Audited C/R Days	38,026										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,482			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.43	\$94.72	\$0.00	\$16.79	\$14.25	(with L&H)	\$18.52	\$2.52	\$0.91	\$1.72	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6940									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	\$0.91	\$1.72	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	7.67 (FRV)	\$1.72	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.80	\$0.00	\$0.84	\$0.71	\$0.00	\$0.93	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.67	\$58.72	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5587									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.48	\$91.53	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.78	\$95.73	\$0.00	\$17.85	\$15.37	\$0.00	\$36.92	\$2.52	\$7.67	\$1.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Scepter Health & Rehab Prvdr ID: 00169199A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 40.00% Nurse Hours per On-Site Day/Quality Incentive: 3.58			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5006 Quarterly Medicaid CMI: 1.6716 Qtrly Mcaid CMI w RUG Wght Options: 1.7002			<u>Facility Specific</u> 1.5006 1.6716 1.7002	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$9,102,484	\$4,654,677	\$0	\$931,212	\$1,040,231	\$0	\$1,535,774		\$940,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$78,281)	(\$35,039)	\$0	\$0	\$4,693	\$4,863	\$6,418		(\$59,216)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$323,796		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$82,197
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,430,196	\$4,619,638	\$0	\$931,212	\$1,044,924	\$4,863	\$1,542,192	\$323,796	\$881,374	\$82,197
8	Total Nursing Facility Days As Filed Days = 46,175	FY19 Audited C/R Days	46,175									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,184		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.68	\$100.05	\$0.00	\$20.17	\$22.73	(with L&H)	\$33.40	\$5.87	\$15.97	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5006								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.68	\$0.00	\$20.17	\$22.73		\$33.40	\$5.87	\$15.97	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.98	\$66.68	\$0.00	\$20.17	\$22.73		\$27.76	\$5.87	11.28 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.87	\$3.33	\$0.00	\$1.01	\$1.14	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.85	\$70.01	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7002								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.87	\$119.03	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.49	\$124.92	\$0.00	\$21.40	\$24.28	\$0.00	\$46.25	\$5.87	\$11.28	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Woodstock Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00171212A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7021	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.71%	2.5%	Quarterly Medicaid CMI:			1.5724	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6005	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,240,794	\$5,539,077	\$0	\$928,795	\$1,019,754	\$0	\$1,573,465		\$1,179,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$70,814)	\$0	\$0	\$0	\$0	\$0	(\$16,216)		(\$54,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,398)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,468		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,247,731	\$5,539,077	\$0	\$928,795	\$1,019,754	\$0	\$1,541,851	\$17,468	\$1,125,105	\$75,681
8	Total Nursing Facility Days As Filed Days = 48,218	FY19 Audited C/R Days	48,218									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.68	\$114.88	\$0.00	\$19.26	\$21.15	(with L&H)	\$31.98	\$0.36	\$23.47	\$1.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7021								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$19.26	\$21.15		\$31.98	\$0.36	\$23.47	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.23	\$67.49	\$0.00	\$19.26	\$21.15		\$27.76	\$0.36	9.63 (FRV)	\$1.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.78	\$3.37	\$0.00	\$0.96	\$1.06	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.01	\$70.86	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6005								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.56	\$113.41	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.93	\$119.05	\$0.00	\$20.44	\$22.62	\$0.00	\$46.25	\$0.36	\$9.63	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.12									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$238.55									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$166.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Fairburn Health Care Center Prvdr ID: 00173071A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>					<u>Facility Specific</u>	<u>State-wide</u>
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.3629	1.4759
Qtrly BIMS score				30.59%	2.5%	Quarterly Medicaid CMI:					1.7921	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.11	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.8262	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,168,626	\$1,140,868	\$0	\$225,540	\$231,835	\$0	\$496,021		\$74,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$8,513)	\$0	\$0	\$0	\$9,668	\$8,753	(\$5,319)		(\$21,615)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,477		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,514
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,362,679	\$1,140,868	\$0	\$225,540	\$241,503	\$8,753	\$393,277	\$244,477	\$52,747	\$55,514
8	Total Nursing Facility Days As Filed Days = 17,312	FY19 Audited C/R Days	17,312									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.56	\$65.90	\$0.00	\$13.03	\$14.46	(with L&H)	\$22.72	\$7.94	\$1.71	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3629								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	\$1.71	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	9.38 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.93	\$2.42	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.61	\$50.77	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8262								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.56	\$92.72	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$4.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.36	\$97.42	\$0.00	\$13.90	\$15.59	\$0.00	\$41.33	\$7.94	\$9.38	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.70									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$196.91									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$134.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Oaks at Scenic View Prvdr ID: 00178307A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 22.22% Nurse Hours per On-Site Day/Quality Incentive: 3.80		<u>Facility Score</u> N/A 22.22% 3.80	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7268 Quarterly Medicaid CMI: 1.6662 Qtrly Mcaid CMI w RUG Wght Options: 1.6975			<u>Facility Specific</u> 1.7268 1.6662 1.6975	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,153,590	\$5,234,878	\$0	\$744,879	\$1,088,234	\$0	\$1,416,265		\$669,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$161,882)	(\$138,103)	\$0	\$0	(\$4,983)	(\$6,012)	\$60,710		(\$73,494)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$279,813)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$642,229		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,825
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,410,949	\$5,096,775	\$0	\$744,879	\$1,083,251	(\$6,012)	\$1,197,162	\$642,229	\$595,840	\$56,825
8	Total Nursing Facility Days As Filed Days = 47,248	FY19 Audited C/R Days	47,248									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.57	\$107.87	\$0.00	\$15.77	\$22.80	(with L&H)	\$25.34	\$19.24	\$17.85	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7268								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	\$17.85	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.86	\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	9.54 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.32	\$3.12	\$0.00	\$0.79	\$1.14	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.18	\$65.59	\$0.00	\$16.56	\$23.94	\$0.00	\$26.61	\$19.24	\$9.54	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6975								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.93	\$111.34	\$0.00	\$16.56	\$23.94	\$0.00	\$26.61	\$19.24	\$9.54	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$4.98	\$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	\$232.01	\$116.32	\$0.00	\$16.78	\$24.35	\$0.00	\$44.08	\$19.24	\$9.54	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Marietta Prvdr ID: 00202507A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 48.00% Nurse Hours per On-Site Day/Quality Incentive: 3.78		N/A 5.5% 4.0%	5.00%	Base Period Overall CMI: 1.5283 Quarterly Medicaid CMI: 1.6638 Qtrly Mcaid CMI w RUG Wght Options: 1.6924			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,482,110	\$3,981,184	\$0	\$650,757	\$746,857	\$0	\$1,228,941		\$874,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$161,548)	(\$80,984)	\$0	\$0	\$0	(\$1,559)	(\$21,467)		(\$57,538)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$225,585)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$513,536		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$69,489
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,678,002	\$3,900,200	\$0	\$650,757	\$746,857	(\$1,559)	\$981,889	\$513,536	\$816,833	\$69,489
8	Total Nursing Facility Days As Filed Days = 40,501	FY19 Audited C/R Days	40,501									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.31	\$96.30	\$0.00	\$16.07	\$18.40	(with L&H)	\$24.24	\$16.25	\$25.85	\$2.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5283								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	\$25.85	\$2.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	14.65 (FRV)	\$2.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.08	\$3.15	\$0.00	\$0.80	\$0.92	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.90	\$66.16	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6924								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.71	\$111.97	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.16	\$6.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.27	\$11.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.98	\$123.14	\$0.00	\$17.09	\$19.73	\$0.00	\$42.92	\$16.25	\$14.65	\$2.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.16									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$253.12									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$177.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gordon Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00202848A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5297	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.91%	2.5%	Quarterly Medicaid CMI:			1.5510	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.12	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5766	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,167,208	\$3,656,258	\$0	\$721,266	\$737,856	\$0	\$1,146,199		\$905,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$119,918)	\$0	\$0	\$0	\$0	(\$5,159)	(\$79,898)		(\$34,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,685)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$121,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,148,275	\$3,656,258	\$0	\$721,266	\$737,856	(\$5,159)	\$1,004,616	\$121,680	\$870,768	\$40,990
8	Total Nursing Facility Days As Filed Days = 39,683	FY19 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,732		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.74	\$92.14	\$0.00	\$18.18	\$18.46	(with L&H)	\$25.32	\$3.61	\$25.81	\$1.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	\$25.81	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.77	\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	11.75 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.01	\$0.00	\$0.91	\$0.92	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.88	\$63.24	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5766								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.34	\$99.70	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.45	\$105.71	\$0.00	\$19.31	\$19.79	\$0.00	\$44.06	\$3.61	\$11.75	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Florence Hand Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00207083A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1680	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		27.03%	1.0%	Quarterly Medicaid CMI:			1.1737	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1894	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$16,950,691	\$5,020,863	\$0	\$1,375,396	\$1,132,257	\$1,046,496	\$7,018,645		\$1,357,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$17,760	\$0	\$0	\$0	\$10,546	\$9,747	(\$2,533)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$131,325)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$72,005		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,909,131	\$5,020,863	\$0	\$1,375,396	\$1,142,803	\$1,056,243	\$6,884,787	\$72,005	\$1,357,034	\$0
8	Total Nursing Facility Days As Filed Days = 49,762	FY19 Audited C/R Days	49,762									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$352.91	\$100.90	\$0.00	\$27.64	\$44.19	(with L&H)	\$138.35	\$2.11	\$39.72	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.38	\$0.00	\$27.64	\$44.19		\$138.35	\$2.11	\$39.72	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.69	\$84.91	\$0.00	\$27.64	\$25.85		\$27.76	\$2.11	16.42 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.31	\$4.25	\$0.00	\$1.38	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.00	\$89.16	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1894								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.89	\$106.05	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$4.24	\$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	\$231.45	\$110.29	\$0.00	\$29.24	\$27.14	\$0.00	\$46.25	\$2.11	\$16.42	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Chatsworth Health Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00209778A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4075	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		45.05%	5.5%	Quarterly Medicaid CMI:			1.8994	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.77	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9372	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,629,642	\$1,443,826	\$0	\$306,585	\$279,436	\$0	\$448,430		\$151,365	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$47,510)	(\$25,884)	\$0	\$0	\$3,656	\$2,928	(\$12,137)		(\$16,073)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,862		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,932,098	\$1,417,942	\$0	\$306,585	\$283,092	\$2,928	\$338,868	\$244,862	\$135,292	\$202,529
8	Total Nursing Facility Days As Filed Days = 20,205	FY19 Audited C/R Days	20,205									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,934		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.50	\$70.18	\$0.00	\$15.17	\$14.16	(with L&H)	\$16.77	\$6.81	\$3.77	\$5.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4075								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	\$3.77	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.10	\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	9.69 (FRV)	\$5.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.49	\$0.00	\$0.76	\$0.71	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.90	\$52.35	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9372								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.96	\$101.41	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.58	\$5.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.24	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.20	\$109.55	\$0.00	\$16.15	\$15.28	\$0.00	\$35.08	\$6.81	\$9.69	\$5.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.83									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$218.09									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$150.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: High Shoals Health & Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00212814A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4763	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		42.31%	2.5%	Quarterly Medicaid CMI:			1.3490	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3748	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,824,749	\$3,278,795	\$0	\$569,313	\$645,902	\$0	\$753,837		\$576,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,051)	\$0	\$0	\$0	\$0	\$3,796	(\$36,133)		(\$20,714)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,572)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,397
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,840,523	\$3,278,795	\$0	\$569,313	\$645,902	\$3,796	\$661,132	\$104,000	\$556,188	\$21,397
8	Total Nursing Facility Days As Filed Days = 33,777	FY19 Audited C/R Days	33,777									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.13	\$97.07	\$0.00	\$16.86	\$19.23	(with L&H)	\$19.57	\$4.03	\$21.54	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4763								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	\$21.54	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.02	\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	16.75 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.07	\$3.29	\$0.00	\$0.84	\$0.96	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.09	\$69.04	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3748								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.97	\$94.92	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.82	\$100.67	\$0.00	\$17.92	\$20.60	\$0.00	\$38.02	\$4.03	\$16.75	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.29									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$215.54									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Fort Oglethorpe Prvdr ID: 00214695A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 18.18% Nurse Hours per On-Site Day/Quality Incentive: 3.63		<u>Facility Score</u> N/A 18.18% 3.63	<u>Add-on Percent</u> 5.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4953 Quarterly Medicaid CMI: 1.3700 Qtrly Mcaid CMI w RUG Wght Options: 1.3918			<u>Facility Specific</u> 1.4953 1.3700 1.3918	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,452,147	\$3,744,740	\$0	\$584,007	\$794,588	\$0	\$1,060,609		\$268,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,914)	(\$55,581)	\$0	\$0	\$0	(\$26,785)	\$40,086		(\$40,634)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,413)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$521,515		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,694,606	\$3,689,159	\$0	\$584,007	\$794,588	(\$26,785)	\$873,282	\$521,515	\$227,569	\$31,271
8	Total Nursing Facility Days As Filed Days = 40,719	FY19 Audited C/R Days	40,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.89	\$90.67	\$0.00	\$14.35	\$18.87	(with L&H)	\$21.46	\$16.40	\$7.16	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4953								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	\$7.16	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.00	\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	9.30 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.76	\$3.03	\$0.00	\$0.72	\$0.94	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.76	\$63.67	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.71	\$88.62	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.40	\$2.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.11	\$90.92	\$0.00	\$15.29	\$20.22	\$0.00	\$40.00	\$16.40	\$9.30	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westwood (University Extended Care) Prvdr ID: 00219359A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 42.03% Nurse Hours per On-Site Day/Quality Incentive: 3.83		N/A 2.5% 3.0%	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.3589 1.4699 1.4943	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,413,097	\$5,484,483	\$0	\$1,071,939	\$911,154	\$0	\$1,531,907		\$413,614	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$603,775)	(\$75,637)	\$0	\$0	\$0	(\$6,733)	(\$511,537)		(\$9,868)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$179,706		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,220
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,820,772	\$5,408,846	\$0	\$1,071,939	\$911,154	(\$6,733)	\$841,894	\$179,706	\$403,746	\$10,220
8	Total Nursing Facility Days As Filed Days = 51,386	FY19 Audited C/R Days	51,386									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,264		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.47	\$105.26	\$0.00	\$20.86	\$17.60	(with L&H)	\$16.38	\$4.96	\$11.13	\$0.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	\$11.13	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	17.18 (FRV)	\$0.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.87	\$0.00	\$1.04	\$0.88	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.33	\$81.33	\$0.00	\$21.90	\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4943								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.53	\$121.53	\$0.00	\$21.90	\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.32	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.85	\$128.75	\$0.00	\$22.12	\$18.89	\$0.00	\$34.67	\$4.96	\$17.18	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Comer Health and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00220448A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3718	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		41.43%	2.5%	Quarterly Medicaid CMI:			1.4275	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.21	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4538	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,470,079	\$3,501,333	\$0	\$726,195	\$721,324	\$0	\$1,015,589		\$505,638	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$130,590)	\$0	\$0	\$0	\$0	(\$8,479)	(\$107,623)		(\$14,488)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,165)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$120,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,924
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,412,888	\$3,501,333	\$0	\$726,195	\$721,324	(\$8,479)	\$846,801	\$120,640	\$491,150	\$13,924
8	Total Nursing Facility Days As Filed Days = 38,121	FY19 Audited C/R Days	38,121									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,704		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.39	\$91.85	\$0.00	\$19.05	\$18.70	(with L&H)	\$22.21	\$4.35	\$17.73	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3718								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	\$17.73	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.18	\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	9.41 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.35	\$3.35	\$0.00	\$0.95	\$0.94	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.53	\$70.31	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4538								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.44	\$102.22	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.11	\$5.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.30	\$8.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.74	\$110.42	\$0.00	\$20.22	\$20.05	\$0.00	\$40.79	\$4.35	\$9.41	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Glenwood Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00220514A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5080	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.89%	2.5%	Quarterly Medicaid CMI:			1.5166	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.36	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5419	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,607,069	\$7,236,266	\$0	\$1,092,512	\$955,714	\$0	\$1,844,372		\$1,478,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$112,002)	\$0	\$0	\$0	\$3,424	\$3,507	(\$10,087)		(\$108,846)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$5,482)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$25,508		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$94,477
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,609,570	\$7,236,266	\$0	\$1,092,512	\$959,138	\$3,507	\$1,828,803	\$25,508	\$1,369,359	\$94,477
8	Total Nursing Facility Days As Filed Days = 77,313	FY19 Audited C/R Days	77,313									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								66,608		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.19	\$93.60	\$0.00	\$14.13	\$12.45	(with L&H)	\$23.65	\$0.38	\$20.56	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5080								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.07	\$0.00	\$14.13	\$12.45		\$23.65	\$0.38	\$20.56	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.61	\$62.07	\$0.00	\$14.13	\$12.45		\$23.65	\$0.38	7.51 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$3.10	\$0.00	\$0.71	\$0.62	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.22	\$65.17	\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5419								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.54	\$100.49	\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.69	\$106.54	\$0.00	\$15.06	\$13.48	\$0.00	\$42.30	\$0.38	\$7.51	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Porter Field H & R Ctr, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00222582A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3459	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		48.39%	5.5%	Quarterly Medicaid CMI:			1.7746	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.90	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8094	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(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					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,646,680	\$2,531,060	\$0	\$439,220	\$465,231	\$0	\$759,706		\$451,463	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$63,824)	\$0	\$0	\$0	\$0	\$1,226	(\$9,177)		(\$55,873)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$73,056)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$176,195		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,754,188	\$2,531,060	\$0	\$439,220	\$465,231	\$1,226	\$677,473	\$176,195	\$395,590	\$68,193
8	Total Nursing Facility Days As Filed Days = 29,323	FY19 Audited C/R Days	29,323									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,747		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.24	\$86.32	\$0.00	\$14.98	\$15.91	(with L&H)	\$23.10	\$6.59	\$14.79	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3459								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.14	\$0.00	\$14.98	\$15.91		\$23.10	\$6.59	\$14.79	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.48	\$64.14	\$0.00	\$14.98	\$15.91		\$23.10	\$6.59	9.21 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.92	\$3.21	\$0.00	\$0.75	\$0.80	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.40	\$67.35	\$0.00	\$15.73	\$16.71	\$0.00	\$24.26	\$6.59	\$9.21	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8094								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.91	\$121.86	\$0.00	\$15.73	\$16.71	\$0.00	\$24.26	\$6.59	\$9.21	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.70	\$6.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.77	\$9.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.68	\$131.53	\$0.00	\$15.95	\$17.12	\$0.00	\$41.73	\$6.59	\$9.21	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Eatonton Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00223473A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2960	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.82%	1.0%	Quarterly Medicaid CMI:			1.2229	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2399	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,583,770	\$2,314,000	\$0	\$449,439	\$624,107	\$0	\$798,341		\$397,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$39,940)	\$0	\$0	\$0	\$1,142	(\$2,083)	(\$11,191)		(\$27,808)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,730)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,005		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,966
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,626,071	\$2,314,000	\$0	\$449,439	\$625,249	(\$2,083)	\$732,420	\$109,005	\$370,075	\$27,966
8	Total Nursing Facility Days As Filed Days = 28,307	FY19 Audited C/R Days	28,307									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,448		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.14	\$81.75	\$0.00	\$15.88	\$22.01	(with L&H)	\$25.87	\$5.08	\$17.25	\$1.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2960								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.08	\$0.00	\$15.88	\$22.01		\$25.87	\$5.08	\$17.25	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.05	\$63.08	\$0.00	\$15.88	\$22.01		\$25.87	\$5.08	9.83 (FRV)	\$1.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.33	\$3.15	\$0.00	\$0.79	\$1.10	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.38	\$66.23	\$0.00	\$16.67	\$23.11	\$0.00	\$27.16	\$5.08	\$9.83	\$1.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2399								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.27	\$82.12	\$0.00	\$16.67	\$23.11	\$0.00	\$27.16	\$5.08	\$9.83	\$1.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.91	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.18	\$85.93	\$0.00	\$16.89	\$23.52	\$0.00	\$44.63	\$5.08	\$9.83	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Chestnut Ridge Nursing & Rehabilitation Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00228049A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5713	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		26.58%	1.0%	Quarterly Medicaid CMI:			1.6844	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.97	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7147	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,734,829	\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,274,563		\$1,041,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$39,760	\$0	\$0	\$0	\$0	\$0	\$68,994		(\$29,234)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$13,508)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,322		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,413
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,807,816	\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,330,049	\$15,322	\$1,012,260	\$31,413
8	Total Nursing Facility Days As Filed Days = 45,107	FY19 Audited C/R Days	45,107									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.37	\$104.66	\$0.00	\$19.56	\$18.08	(with L&H)	\$29.49	\$0.37	\$24.45	\$0.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5713								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.61	\$0.00	\$19.56	\$18.08		\$29.49	\$0.37	\$24.45	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.93	\$66.61	\$0.00	\$19.56	\$18.08		\$27.76	\$0.37	8.79 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.33	\$0.00	\$0.98	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.53	\$69.94	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7147								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.52	\$119.93	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.20	\$1.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.66	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.18	\$122.86	\$0.00	\$20.76	\$19.39	\$0.00	\$46.25	\$0.37	\$8.79	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Manor Care Rehab Ctr of Marietta				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00236211A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5386	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		13.16%	0.0%	Quarterly Medicaid CMI:			1.2231	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.36	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2383	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,691,878	\$5,141,758	\$0	\$869,589	\$796,161	\$0	\$1,551,658		\$332,712	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$42,897)	\$0	\$0	\$0	\$9,029	(\$7,323)	\$18,073		(\$62,676)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$134,324)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$24,378		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,657
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,605,692	\$5,141,758	\$0	\$869,589	\$805,190	(\$7,323)	\$1,435,407	\$24,378	\$270,036	\$66,657
8	Total Nursing Facility Days As Filed Days = 39,371	FY19 Audited C/R Days	39,371									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,838		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.76	\$130.60	\$0.00	\$22.09	\$20.27	(with L&H)	\$36.46	\$0.77	\$8.48	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5386								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.88	\$0.00	\$22.09	\$20.27		\$36.46	\$0.77	\$8.48	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.56	\$84.88	\$0.00	\$22.09	\$20.27		\$27.76	\$0.77	11.70 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.74	\$4.24	\$0.00	\$1.10	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.30	\$89.12	\$0.00	\$23.19	\$21.28	\$0.00	\$29.15	\$0.77	\$11.70	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2383								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.54	\$110.36	\$0.00	\$23.19	\$21.28	\$0.00	\$29.15	\$0.77	\$11.70	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.65	\$0.02	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.10	\$1.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.85	\$1.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.39	\$111.48	\$0.00	\$23.41	\$21.69	\$0.00	\$46.25	\$0.77	\$11.70	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Savannah, LLC Prvdr ID: 00238323A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 23.08% Nurse Hours per On-Site Day/Quality Incentive: 3.71		<u>Facility Score</u> N/A 23.08% 3.71	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6785 Quarterly Medicaid CMI: 1.7717 Qtrly Mcaid CMI w RUG Wght Options: 1.8042			<u>Facility Specific</u> 1.6785 1.7717 1.8042	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$9,280,304	\$4,837,453	\$0	\$676,774	\$972,707	\$0	\$1,506,783		\$1,286,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$124,590)	(\$100,311)	\$0	\$0	\$9,802	\$11,781	\$53,682		(\$99,544)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$229,863)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$523,002		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$119,697
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,568,550	\$4,737,142	\$0	\$676,774	\$982,509	\$11,781	\$1,330,602	\$523,002	\$1,187,043	\$119,697
8	Total Nursing Facility Days As Filed Days = 40,674	FY19 Audited C/R Days	40,674									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$237.81	\$116.47	\$0.00	\$16.64	\$24.45	(with L&H)	\$32.71	\$13.59	\$30.84	\$3.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6785								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.39	\$0.00	\$16.64	\$24.45		\$32.71	\$13.59	\$30.84	\$3.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.62	\$69.39	\$0.00	\$16.64	\$24.45		\$27.76	\$13.59	25.68 (FRV)	\$3.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.91	\$3.47	\$0.00	\$0.83	\$1.22	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.53	\$72.86	\$0.00	\$17.47	\$25.67	\$0.00	\$29.15	\$13.59	\$25.68	\$3.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8042								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.12	\$131.45	\$0.00	\$17.47	\$25.67	\$0.00	\$29.15	\$13.59	\$25.68	\$3.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.63	\$137.23	\$0.00	\$17.69	\$26.08	\$0.00	\$46.25	\$13.59	\$25.68	\$3.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Resorts at Pooler				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00238741A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3064	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.00%	2.5%	Quarterly Medicaid CMI:			1.5637	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5920	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,907,704	\$2,271,623	\$0	\$521,112	\$515,710	\$0	\$981,415		\$617,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$247,457)	\$0	\$0	\$0	\$0	\$0	(\$173,063)		(\$74,394)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$183,000)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$192,605		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$64,039
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,733,891	\$2,271,623	\$0	\$521,112	\$515,710	\$0	\$625,352	\$192,605	\$543,450	\$64,039
8	Total Nursing Facility Days As Filed Days = 27,174	FY19 Audited C/R Days	27,174									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.70	\$83.60	\$0.00	\$19.18	\$18.98	(with L&H)	\$23.01	\$7.20	\$20.33	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	\$20.33	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.76	\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	8.00 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.26	\$3.20	\$0.00	\$0.96	\$0.95	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$67.19	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5920								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.80	\$106.97	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.31	\$113.38	\$0.00	\$20.36	\$20.34	\$0.00	\$41.63	\$7.20	\$8.00	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Windemere Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00241678A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7228	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.67%	2.5%	Quarterly Medicaid CMI:			1.7004	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7324	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,311,468	\$3,945,635	\$0	\$616,880	\$572,743	\$0	\$1,172,806		\$2,003,404	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$67,964)	\$0	\$0	\$0	(\$4,092)	(\$6,475)	\$0		(\$57,397)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,663)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$221,572		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,483
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,521,896	\$3,945,635	\$0	\$616,880	\$568,651	(\$6,475)	\$1,168,143	\$221,572	\$1,946,007	\$61,483
8	Total Nursing Facility Days As Filed Days = 38,135	FY19 Audited C/R Days	38,135									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.16	\$103.46	\$0.00	\$16.18	\$14.74	(with L&H)	\$30.63	\$7.77	\$68.22	\$2.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7228								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.18	\$14.74		\$30.63	\$7.77	\$68.22	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.36	\$60.05	\$0.00	\$16.18	\$14.74		\$27.76	\$7.77	10.70 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$3.00	\$0.00	\$0.81	\$0.74	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.30	\$63.05	\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7324								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.48	\$109.23	\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$6.54	\$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	\$215.75	\$115.77	\$0.00	\$17.21	\$15.89	\$0.00	\$46.25	\$7.77	\$10.70	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth Augusta Hills				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00245055A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5245	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.5579	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5853	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,620,926	\$2,994,870	\$0	\$523,232	\$733,235	\$0	\$1,033,089		\$336,500	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$79,789)	(\$74,726)	\$0	\$0	\$0	\$0	\$51,537		(\$56,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$238,261)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$547,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,690
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,897,753	\$2,920,144	\$0	\$523,232	\$733,235	\$0	\$846,365	\$547,187	\$279,900	\$47,690
8	Total Nursing Facility Days As Filed Days = 29,412	FY19 Audited C/R Days	29,412									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,019		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.00	\$99.28	\$0.00	\$17.79	\$24.93	(with L&H)	\$28.78	\$19.53	\$9.99	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5245								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.12	\$0.00	\$17.79	\$24.93		\$28.78	\$19.53	\$9.99	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.33	\$65.12	\$0.00	\$17.79	\$24.93		\$27.76	\$19.53	8.50 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.79	\$3.26	\$0.00	\$0.89	\$1.25	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.12	\$68.38	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5853								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.14	\$108.40	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.49	\$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	\$236.36	\$114.89	\$0.00	\$18.90	\$26.59	\$0.00	\$46.25	\$19.53	\$8.50	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: PruittHealth - Magnolia Manor Prvdr ID: 00252007A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
<div>Add-on Data and Percentages</div>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.6282	1.4759
Qtrly BIMS score				21.28%	1.0%	Quarterly Medicaid CMI:					1.6353	1.4983
				4.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.6635	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,632,307	\$3,285,692	\$0	\$482,347	\$751,167	\$0	\$1,126,254		\$986,847	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$159,308)	(\$118,752)	\$0	\$0	\$0	\$0	\$65,100		(\$105,656)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,418)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$423,022		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$112,316
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,818,919	\$3,166,940	\$0	\$482,347	\$751,167	\$0	\$1,001,936	\$423,022	\$881,191	\$112,316
8	Total Nursing Facility Days As Filed Days = 33,383	FY19 Audited C/R Days	33,383									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,707		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.87	\$94.87	\$0.00	\$14.45	\$22.50	(with L&H)	\$30.01	\$15.84	\$32.99	\$4.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6282								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.27	\$0.00	\$14.45	\$22.50		\$30.01	\$15.84	\$32.99	\$4.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.83	\$58.27	\$0.00	\$14.45	\$22.50		\$27.76	\$15.84	28.80 (FRV)	\$4.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15	\$2.91	\$0.00	\$0.72	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.98	\$61.18	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6635								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.57	\$101.77	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.09	\$5.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.94	\$108.41	\$0.00	\$15.39	\$24.04	\$0.00	\$46.25	\$15.84	\$28.80	\$4.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.38									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$262.67									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$184.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Decatur				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00252942A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5900	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		22.08%	1.0%	Quarterly Medicaid CMI:			1.3564	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3784	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,723,556	\$5,385,774	\$0	\$784,877	\$1,005,403	\$0	\$1,557,267		\$990,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$133,453)	(\$76,986)	\$0	\$0	(\$4,653)	(\$5,255)	\$9,341		(\$55,900)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$276,255)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$634,296		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,014,520	\$5,308,788	\$0	\$784,877	\$1,000,750	(\$5,255)	\$1,290,353	\$634,296	\$934,335	\$66,376
8	Total Nursing Facility Days As Filed Days = 49,477	FY19 Audited C/R Days	49,477									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,345		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.64	\$107.30	\$0.00	\$15.86	\$20.12	(with L&H)	\$26.08	\$13.69	\$20.16	\$1.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5900								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	\$20.16	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.40	\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	14.73 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.37	\$0.00	\$0.79	\$1.01	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.87	\$70.86	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3784								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.68	\$97.67	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.20	\$103.09	\$0.00	\$16.87	\$21.54	\$0.00	\$44.85	\$13.69	\$14.73	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.33									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$228.57									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$158.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

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<div>Provider: PruittHealth -Lafayette, LLC</div> <div>Prvdr ID: 00254394A</div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/21</div> <div>Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>					<u>Facility Specific</u>	<u>State-wide</u>
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.5724	1.4759
Qtrly BIMS score				33.33%	2.5%	Quarterly Medicaid CMI:					1.3629	1.4983
Nurse Hours per On-Site Day/Quality Incentive:				3.69	4.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.3836	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,036,000	\$2,805,185	\$0	\$501,638	\$593,565	\$0	\$802,744		\$332,868	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,932)	(\$78,271)	\$0	\$0	(\$2,650)	(\$26,746)	\$60,513		(\$25,778)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,529)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,234,535	\$2,726,914	\$0	\$501,638	\$590,915	(\$26,746)	\$673,728	\$434,816	\$307,090	\$26,180
8	Total Nursing Facility Days As Filed Days = 30,491	FY19 Audited C/R Days	30,491									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.70	\$89.43	\$0.00	\$16.45	\$18.50	(with L&H)	\$22.10	\$16.54	\$11.68	\$1.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	\$11.68	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.55	\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	9.08 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.70	\$2.84	\$0.00	\$0.82	\$0.93	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.25	\$59.72	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3836								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.16	\$82.63	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$5.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.17	\$88.54	\$0.00	\$17.49	\$19.84	\$0.00	\$40.68	\$16.54	\$9.08	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.05									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$210.96									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$145.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

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Provider: PruittHealth - West Atlanta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00256088A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3790	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.5865	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6143	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,276,151	\$3,466,962	\$0	\$478,324	\$989,293	\$0	\$1,138,130		\$203,442	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$117,033)	(\$60,829)	\$0	\$0	\$9,206	(\$45,307)	\$41,304		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,531)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$522,301		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$78,073
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,531,961	\$3,406,133	\$0	\$478,324	\$998,499	(\$45,307)	\$951,903	\$522,301	\$142,035	\$78,073
8	Total Nursing Facility Days As Filed Days = 34,599	FY19 Audited C/R Days	34,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.57	\$98.45	\$0.00	\$13.82	\$27.55	(with L&H)	\$27.51	\$17.05	\$4.64	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3790								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.39	\$0.00	\$13.82	\$27.55		\$27.51	\$17.05	\$4.64	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.76	\$71.39	\$0.00	\$13.82	\$25.85		\$27.51	\$17.05	11.59 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.93	\$3.57	\$0.00	\$0.69	\$1.29	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.69	\$74.96	\$0.00	\$14.51	\$27.14	\$0.00	\$28.89	\$17.05	\$11.59	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6143								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.74	\$121.01	\$0.00	\$14.51	\$27.14	\$0.00	\$28.89	\$17.05	\$11.59	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.37	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.62	\$126.38	\$0.00	\$14.73	\$27.14	\$0.00	\$46.18	\$17.05	\$11.59	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Bainbridge Health Care				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00258915A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7827	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.43%	2.5%	Quarterly Medicaid CMI:			2.0360	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.59	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0764	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,596,760	\$1,942,136	\$0	\$394,340	\$445,080	\$0	\$900,053		\$915,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstrmts	(\$25,945)	(\$6,366)	\$0	\$0	\$0	\$0	\$0		(\$19,579)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,047)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$29,010		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,475
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,606,253	\$1,935,770	\$0	\$394,340	\$445,080	\$0	\$877,006	\$29,010	\$895,572	\$29,475
8	Total Nursing Facility Days As Filed Days = 30,388	FY19 Audited C/R Days	30,388									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,042		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.47	\$63.70	\$0.00	\$12.98	\$14.65	(with L&H)	\$28.86	\$1.07	\$33.12	\$1.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7827								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$35.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$35.73	\$0.00	\$12.98	\$14.65		\$28.86	\$1.07	\$33.12	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.20	\$35.73	\$0.00	\$12.98	\$14.65		\$27.76	\$1.07	8.92 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.56	\$1.79	\$0.00	\$0.65	\$0.73	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.76	\$37.52	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0764								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.15	\$77.91	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.33	\$5.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.48	\$83.51	\$0.00	\$13.85	\$15.79	\$0.00	\$46.25	\$1.07	\$8.92	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.04									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$173.34									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$117.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Covington Prvdr ID: 00265196A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.45			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5086 Quarterly Medicaid CMI: 1.5804 Qtrly Mcaid CMI w RUG Wght Options: 1.6090			<u>Facility Specific</u> 1.5086 1.5804 1.6090	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,591,659	\$2,415,412	\$0	\$388,674	\$477,100	\$0	\$807,409		\$503,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$32,830)	(\$15,413)	\$0	\$0	\$0	\$0	\$9,969		(\$27,386)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$134,896)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$284,431		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,738,188	\$2,399,999	\$0	\$388,674	\$477,100	\$0	\$682,482	\$284,431	\$475,678	\$29,824
8	Total Nursing Facility Days As Filed Days = 23,766	FY19 Audited C/R Days	23,766									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.37	\$100.98	\$0.00	\$16.35	\$20.07	(with L&H)	\$28.72	\$12.69	\$21.23	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5086								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.94	\$0.00	\$16.35	\$20.07		\$28.72	\$12.69	\$21.23	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.08	\$66.94	\$0.00	\$16.35	\$20.07		\$27.76	\$12.69	10.94 (FRV)	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.56	\$3.35	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.64	\$70.29	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$10.94	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6090								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.45	\$113.10	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$10.94	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.23	\$118.15	\$0.00	\$17.39	\$21.48	\$0.00	\$46.25	\$12.69	\$10.94	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: LaGrange Nurs, & Rehab. Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00270245A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5944	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		30.65%	2.5%	Quarterly Medicaid CMI:			1.5097	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.00	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5367	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,916,247	\$2,721,234	\$0	\$561,130	\$599,833	\$0	\$884,816		\$1,149,234	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$55,323)	(\$12,000)	\$0	\$0	\$0	\$0	\$0		(\$43,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$51,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,855,000	\$2,709,234	\$0	\$561,130	\$599,833	\$0	\$833,616	\$0	\$1,105,911	\$45,276
8	Total Nursing Facility Days As Filed Days = 35,921	FY19 Audited C/R Days	35,921									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.25	\$75.42	\$0.00	\$15.62	\$16.70	(with L&H)	\$23.21	\$0.00	\$41.60	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5944								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	\$41.60	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.13	\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	10.60 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.15	\$2.37	\$0.00	\$0.78	\$0.84	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.28	\$49.67	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5367								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.94	\$76.33	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.91	\$1.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.77	\$81.06	\$0.00	\$16.62	\$17.95	\$0.00	\$41.84	\$0.00	\$10.60	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lumber City Nurs. & Rehab. Ctr.				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00270256A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.5629	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score			38.18%	2.5%	Quarterly Medicaid CMI:			1.7117	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:			2.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7420	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,099,544	\$1,781,352	\$0	\$353,574	\$380,951	\$0	\$624,748		\$958,919	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,658)	\$0	\$0	\$0	\$0	\$0	(\$11,689)		(\$26,969)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,821)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$55,559			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,481	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,091,105	\$1,781,352	\$0	\$353,574	\$380,951	\$0	\$563,238	\$55,559	\$931,950	\$24,481	
8	Total Nursing Facility Days As Filed Days = 25,449	FY19 Audited C/R Days	25,449										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,134			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.88	\$70.00	\$0.00	\$13.89	\$14.97	(with L&H)	\$22.13	\$2.63	\$44.10	\$1.16	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5629									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	\$44.10	\$1.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.53	\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	9.96 (FRV)	\$1.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.79	\$2.24	\$0.00	\$0.69	\$0.75	\$0.00	\$1.11	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.32	\$47.03	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7420									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.22	\$81.93	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.36	\$86.97	\$0.00	\$14.80	\$16.13	\$0.00	\$40.71	\$2.63	\$9.96	\$1.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Willowwood Nurs. Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00271829A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3275	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.41%	1.0%	Quarterly Medicaid CMI:			1.8716	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.06	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9089	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,192,804	\$2,169,798	\$0	\$399,991	\$426,947	\$0	\$754,796		\$441,272	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$64,765)	\$0	\$0	\$0	\$10,846	\$8,303	(\$50,929)		(\$32,985)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$210,772		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,861
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,374,672	\$2,169,798	\$0	\$399,991	\$437,793	\$8,303	\$703,867	\$210,772	\$408,287	\$35,861
8	Total Nursing Facility Days As Filed Days = 30,874	FY19 Audited C/R Days	30,874									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.45	\$70.28	\$0.00	\$12.96	\$14.45	(with L&H)	\$22.80	\$7.39	\$14.31	\$1.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3275								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	\$14.31	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	8.63 (FRV)	\$1.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.16	\$2.65	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.59	\$55.59	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9089								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.12	\$106.12	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.93	\$109.83	\$0.00	\$13.83	\$15.58	\$0.00	\$41.41	\$7.39	\$8.63	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Crestview Nursing Facility				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00273567A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1510	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.91%	2.5%	Quarterly Medicaid CMI:			1.3443	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3655	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,365,259	\$12,768,970	\$0	\$2,289,696	\$1,482,962	\$1,552,962	\$3,797,084		\$1,473,585	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$130,656)	\$0	\$0	\$0	\$9,486	\$9,934	(\$6,900)		(\$143,176)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$112,687)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,588
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$23,225,504	\$12,768,970	\$0	\$2,289,696	\$1,492,448	\$1,562,896	\$3,677,497	\$100,000	\$1,330,409	\$3,588
8	Total Nursing Facility Days As Filed Days = 103,094	FY19 Audited C/R Days	103,094									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								106,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.89	\$123.86	\$0.00	\$22.21	\$29.64	(with L&H)	\$35.67	\$0.94	\$12.54	\$0.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1510								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.61	\$0.00	\$22.21	\$29.64		\$35.67	\$0.94	\$12.54	\$0.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.35	\$84.91	\$0.00	\$22.21	\$25.85		\$27.76	\$0.94	10.65 (FRV)	\$0.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.04	\$4.25	\$0.00	\$1.11	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.39	\$89.16	\$0.00	\$23.32	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3655								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.98	\$121.75	\$0.00	\$23.32	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.91	\$6.69	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.89	\$128.44	\$0.00	\$23.54	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Crisp Regional Nursing and Rehab Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00274128A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4579	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.37%	5.5%	Quarterly Medicaid CMI:			1.9504	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.09	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9894	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,192,887	\$3,109,740	\$0	\$504,201	\$376,316	\$542,082	\$1,231,896		\$428,652	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$22,586)	(\$28,022)	\$0	\$0	\$0	\$0	\$16,451		(\$11,015)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$328,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,384		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,926,020	\$3,081,718	\$0	\$504,201	\$376,316	\$542,082	\$919,897	\$71,384	\$417,637	\$12,785
8	Total Nursing Facility Days As Filed Days = 23,882	FY19 Audited C/R Days	23,882									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$252.66	\$129.04	\$0.00	\$21.11	\$38.46	(with L&H)	\$38.52	\$3.63	\$21.25	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4579								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.51	\$0.00	\$21.11	\$38.46		\$38.52	\$3.63	\$21.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.72	\$84.91	\$0.00	\$21.11	\$25.85		\$27.76	\$3.63	10.81 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.99	\$4.25	\$0.00	\$1.06	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.71	\$89.16	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9894								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$177.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.92	\$177.37	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$9.76	\$9.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.40	\$15.08	\$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	\$303.32	\$192.45	\$0.00	\$22.39	\$27.14	\$0.00	\$46.25	\$3.63	\$10.81	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Thomasville Nurs. & Rehab. Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00277604A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5034	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.83%	5.5%	Quarterly Medicaid CMI:			1.8976	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.18	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9356	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$2,544,134	\$1,080,666	\$0	\$321,604	\$280,363	\$0	\$475,276		\$386,225	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$16,749)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,749)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$20,572)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,714
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,524,527	\$1,080,666	\$0	\$321,604	\$280,363	\$0	\$454,704	\$0	\$369,476	\$17,714
8	Total Nursing Facility Days As Filed Days = 16,732	FY19 Audited C/R Days	16,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,719		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.97	\$64.59	\$0.00	\$19.22	\$16.76	(with L&H)	\$27.18	\$0.00	\$26.93	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	\$26.93	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.96	\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	10.55 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.31	\$2.15	\$0.00	\$0.96	\$0.84	\$0.00	\$1.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.27	\$45.11	\$0.00	\$20.18	\$17.60	\$0.00	\$28.54	\$0.00	\$10.55	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9356								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$87.31	\$0.00	\$20.18	\$17.60	\$0.00	\$28.54	\$0.00	\$10.55	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.80	\$4.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.05	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.52	\$95.26	\$0.00	\$20.40	\$18.01	\$0.00	\$46.01	\$0.00	\$10.55	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.82									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$178.02									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$120.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Delmar Gardens of Smyrna				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00296271A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2718	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		36.51%	2.5%	Quarterly Medicaid CMI:			1.4683	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4912	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,230,374	\$3,842,312	\$0	\$924,533	\$875,568	\$0	\$1,046,013		\$541,948	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$75,656)	(\$69,340)	\$0	\$0	\$0	\$1,736	\$69,340		(\$77,392)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$83,100		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$70,215
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,210,833	\$3,772,972	\$0	\$924,533	\$875,568	\$1,736	\$1,018,153	\$83,100	\$464,556	\$70,215
8	Total Nursing Facility Days As Filed Days = 38,493	FY19 Audited C/R Days	38,493									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,894		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.06	\$98.02	\$0.00	\$24.02	\$22.79	(with L&H)	\$26.45	\$2.53	\$14.12	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2718								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.07	\$0.00	\$24.02	\$22.79		\$26.45	\$2.53	\$14.12	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.01	\$77.07	\$0.00	\$22.66	\$22.79		\$26.45	\$2.53	12.38 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.85	\$0.00	\$1.13	\$1.14	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.45	\$80.92	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4912								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.20	\$120.67	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$7.17	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.25	\$127.84	\$0.00	\$23.79	\$24.34	\$0.00	\$45.24	\$2.53	\$12.38	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: NHC of Fort Oglethorpe				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00344759A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3590	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		19.18%	0.0%	Quarterly Medicaid CMI:			1.3603	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		1.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3830	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,509,405	\$4,112,466	\$0	\$820,279	\$877,779	\$0	\$1,327,956		\$370,925	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$112,281)	(\$3,558)	\$0	\$0	(\$3,121)	(\$3,632)	(\$25,789)		(\$76,181)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$209,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,736
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,670,460	\$4,108,908	\$0	\$820,279	\$874,658	(\$3,632)	\$1,302,167	\$209,600	\$294,744	\$63,736
8	Total Nursing Facility Days As Filed Days = 45,916	FY19 Audited C/R Days	45,916									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,758		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.96	\$89.49	\$0.00	\$17.86	\$18.97	(with L&H)	\$28.36	\$4.90	\$6.89	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$17.86	\$18.97		\$28.36	\$4.90	\$6.89	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.34	\$65.85	\$0.00	\$17.86	\$18.97		\$27.76	\$4.90	12.51 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.52	\$3.29	\$0.00	\$0.89	\$0.95	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.86	\$69.14	\$0.00	\$18.75	\$19.92	\$0.00	\$29.15	\$4.90	\$12.51	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3830								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.34	\$95.62	\$0.00	\$18.75	\$19.92	\$0.00	\$29.15	\$4.90	\$12.51	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.17	\$2.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.51	\$98.06	\$0.00	\$18.97	\$20.33	\$0.00	\$46.25	\$4.90	\$12.51	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Presbyterian Village, Inc.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00362832A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4126	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		46.15%	5.5%	Quarterly Medicaid CMI:			1.7326	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		6.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7653	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,719,696	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$2,010,141		\$769,788	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,794)	\$0	\$0	\$0	\$0	\$0	\$0		(\$52,794)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,507)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$129,346		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,766
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,768,507	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$1,962,634	\$129,346	\$716,994	\$19,766
8	Total Nursing Facility Days As Filed Days = 37,253	FY19 Audited C/R Days	37,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,539		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.42	\$133.63	\$0.00	\$22.98	\$29.67	(with L&H)	\$52.68	\$4.70	\$26.04	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4126								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.60	\$0.00	\$22.98	\$29.67		\$52.68	\$4.70	\$26.04	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.02	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$4.70	22.42 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.08	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7653								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.31	\$157.39	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.66	\$8.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.72	\$4.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$13.38	\$13.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.69	\$170.77	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Camellia Gardens of Life Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00366341A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3751	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid CMI:			1.0935	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.71	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1023	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,121,434	\$2,705,219	\$0	\$574,658	\$650,486	\$0	\$971,143		\$219,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$46,270)	(\$1,100)	\$0	(\$2,196)	(\$1,732)	\$426	\$0		(\$41,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,098)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,827		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,578	\$2,704,119	\$0	\$572,462	\$648,754	\$426	\$908,045	\$80,827	\$178,260	\$45,685
8	Total Nursing Facility Days As Filed Days = 27,611	FY19 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.31	\$97.94	\$0.00	\$20.73	\$23.51	(with L&H)	\$32.89	\$3.78	\$8.33	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.23	\$0.00	\$20.73	\$23.51		\$32.89	\$3.78	\$8.33	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.88	\$71.23	\$0.00	\$20.73	\$23.51		\$27.76	\$3.78	9.74 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.17	\$3.56	\$0.00	\$1.04	\$1.18	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$74.79	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1023								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.70	\$82.44	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.49	\$87.50	\$0.00	\$21.99	\$25.10	\$0.00	\$46.25	\$3.78	\$9.74	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Quiet Oaks Health Care Center Prvdr ID: 00370851A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 62.75% Nurse Hours per On-Site Day/Quality Incentive: 3.17		<u>Facility Score</u> N/A 62.75% 3.17	<u>Add-on Percent</u> 5.00% 5.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3788 Quarterly Medicaid CMI: 1.3424 Qtrtly Mcaid CMI w RUG Wght Options: 1.3688		<u>Facility Specific</u> 1.3788 1.3424 1.3688	<u>State-wide</u> 1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,837,698	\$1,324,943	\$0	\$376,255	\$487,767	\$0	\$536,887		\$111,846	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$86,874)	\$59	\$0	(\$1,607)	(\$3,404)	(\$2,534)	(\$20,018)		(\$59,370)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$95,303)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,807,960	\$1,325,002	\$0	\$374,648	\$484,363	(\$2,534)	\$421,566	\$110,444	\$52,476	\$41,995
8	Total Nursing Facility Days As Filed Days = 21,272	FY19 Audited C/R Days	21,272									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.96	\$62.29	\$0.00	\$17.61	\$22.65	(with L&H)	\$19.82	\$5.71	\$2.71	\$2.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3788								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	\$2.71	\$2.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.41	\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	12.27 (FRV)	\$2.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.26	\$2.26	\$0.00	\$0.88	\$1.13	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.67	\$47.44	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3688								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.17	\$64.94	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.45	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.62	\$72.29	\$0.00	\$18.71	\$24.19	\$0.00	\$38.28	\$5.71	\$12.27	\$2.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.39									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$192.69									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$131.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Westwood Nursing Ctr Prvdr ID: 00370862A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 42.22% Nurse Hours per On-Site Day/Quality Incentive: 2.93		N/A 2.22% 2.93	5.00% 2.5% 2.0%	Base Period Overall CMI: 1.4956 Quarterly Medicaid CMI: 1.9447 Qtrly Mcaid CMI w RUG Wght Options: 1.9826			1.4759 1.5462 1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,644,166	\$1,255,280	\$0	\$227,061	\$263,384	\$0	\$470,669		\$427,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$65,429)	(\$17,819)	\$0	\$0	(\$2,494)	(\$2,493)	(\$6,985)		(\$35,638)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,552		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,630
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,443	\$1,237,461	\$0	\$227,061	\$260,890	(\$2,493)	\$285,208	\$119,552	\$392,134	\$32,630
8	Total Nursing Facility Days As Filed Days = 12,579	FY19 Audited C/R Days	12,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.43	\$98.38	\$0.00	\$18.05	\$20.54	(with L&H)	\$22.67	\$8.30	\$27.22	\$2.27
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	\$27.22	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	10.45 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.35	\$3.29	\$0.00	\$0.90	\$1.03	\$0.00	\$1.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.41	\$69.07	\$0.00	\$18.95	\$21.57	\$0.00	\$23.80	\$8.30	\$10.45	\$2.27
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9826								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.28	\$136.94	\$0.00	\$18.95	\$21.57	\$0.00	\$23.80	\$8.30	\$10.45	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.07	\$143.63	\$0.00	\$19.17	\$21.98	\$0.00	\$41.27	\$8.30	\$10.45	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Life Care Center of Gwinnett				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00370873A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3728	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		18.00%	0.0%	Quarterly Medicaid CMI:			1.3621	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3816	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$8,969,434	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,579,109		\$391,856	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$89,080)	\$0	\$0	\$0	\$0	\$0	\$0		(\$89,080)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,278)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,998		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,025,033	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,460,831	\$161,998	\$302,776	\$100,959
8	Total Nursing Facility Days As Filed Days = 39,751	FY19 Audited C/R Days	39,751									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,099		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.41	\$125.98	\$0.00	\$24.23	\$25.85	(with L&H)	\$36.75	\$7.33	\$13.70	\$4.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3728								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$24.23	\$25.85		\$36.75	\$7.33	\$13.70	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.82	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$7.33	11.74 (FRV)	\$4.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.88	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3816								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.90	\$123.18	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.56	\$2.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.46	\$125.64	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$7.33	\$11.74	\$4.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Delmar Gardens of Gwinnett, Inc. Prvdr ID: 00395161A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 8.57% Nurse Hours per On-Site Day/Quality Incentive: 3.42		Facility Score N/A 8.57% 3.42	Add-on Percent 5.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3646 Quarterly Medicaid CMI: 1.5620 Qtrly Mcaid CMI w RUG Wght Options: 1.5884			Facility Specific 1.3646 1.5620 1.5884	State-wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,600,318	\$2,539,807	\$0	\$654,060	\$821,244	\$0	\$876,600		\$708,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$168,305)	\$0	\$0	\$0	(\$14,238)	(\$12,913)	\$0		(\$141,154)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$77,100)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$129,613
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,547,526	\$2,539,807	\$0	\$654,060	\$807,006	(\$12,913)	\$799,500	\$63,000	\$567,453	\$129,613
8	Total Nursing Facility Days As Filed Days = 21,520	FY19 Audited C/R Days	21,520									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$261.84	\$118.02	\$0.00	\$30.39	\$36.90	(with L&H)	\$37.15	\$3.26	\$29.40	\$6.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3646								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.49	\$0.00	\$30.39	\$36.90		\$37.15	\$3.26	\$29.40	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.51	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$3.26	10.35 (FRV)	\$6.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.57	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5884								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.03	\$141.62	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$4.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.38	\$145.87	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$3.26	\$10.35	\$6.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lafayette Nursing & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00399737A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4214	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		44.79%	2.5%	Quarterly Medicaid CMI:			1.5026	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.69	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5273	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(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					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,956,390	\$5,986,076	\$0	\$946,310	\$915,325	\$0	\$1,740,689		\$1,367,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$224,188)	(\$133,558)	\$0	\$0	\$0	\$0	\$10,710		(\$101,340)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,397		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,488
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,804,087	\$5,852,518	\$0	\$946,310	\$915,325	\$0	\$1,751,399	\$49,397	\$1,266,650	\$22,488
8	Total Nursing Facility Days As Filed Days = 53,373	FY19 Audited C/R Days	53,373									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								7,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$355.32	\$109.65	\$0.00	\$17.73	\$17.15	(with L&H)	\$32.81	\$6.57	\$168.42	\$2.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.14	\$0.00	\$17.73	\$17.15		\$32.81	\$6.57	\$168.42	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.98	\$77.14	\$0.00	\$17.73	\$17.15		\$27.76	\$6.57	16.64 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.00	\$3.86	\$0.00	\$0.89	\$0.86	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.98	\$81.00	\$0.00	\$18.62	\$18.01	\$0.00	\$29.15	\$6.57	\$16.64	\$2.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5273								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.69	\$123.71	\$0.00	\$18.62	\$18.01	\$0.00	\$29.15	\$6.57	\$16.64	\$2.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.06	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.75	\$131.04	\$0.00	\$18.84	\$18.42	\$0.00	\$46.25	\$6.57	\$16.64	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Lake Crossing Heath Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00403939A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4759	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		62.07%	5.5%	Quarterly Medicaid CMI:			1.4129	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4393	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,753,050	\$2,458,274	\$0	\$554,005	\$578,189	\$0	\$725,713		\$436,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$62,839)	(\$1,639)	\$0	\$0	(\$13)	(\$59)	(\$27,070)		(\$34,058)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,346)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$229,705		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,737
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,775,307	\$2,456,635	\$0	\$554,005	\$578,176	(\$59)	\$509,297	\$229,705	\$402,811	\$44,737
8	Total Nursing Facility Days As Filed Days = 34,648	FY19 Audited C/R Days	34,648									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,902		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.55	\$70.90	\$0.00	\$15.99	\$16.69	(with L&H)	\$14.70	\$8.23	\$14.44	\$1.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4759								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	\$14.44	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.73	\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	11.48 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.40	\$0.00	\$0.80	\$0.83	\$0.00	\$0.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.50	\$50.44	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	\$1.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4393								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.66	\$72.60	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.99	\$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.80	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.46	\$79.30	\$0.00	\$17.01	\$17.93	\$0.00	\$32.91	\$8.23	\$11.48	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.52									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$175.05									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$118.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Townsend Park H & R				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00404995A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4084	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		40.28%	2.5%	Quarterly Medicaid CMI:			1.2624	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2804	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,993,766	\$4,148,542	\$0	\$731,204	\$953,672	\$0	\$1,759,882		\$400,466	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,284)	\$0	\$0	\$0	(\$5,285)	(\$4,928)	(\$48,455)		(\$13,616)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,260)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$128,960		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,999,949	\$4,148,542	\$0	\$731,204	\$948,387	(\$4,928)	\$1,646,167	\$128,960	\$386,850	\$14,767
8	Total Nursing Facility Days As Filed Days = 41,065	FY19 Audited C/R Days	41,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$101.02	\$0.00	\$17.81	\$22.97	(with L&H)	\$40.09	\$4.01	\$12.04	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4084								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.73	\$0.00	\$17.81	\$22.97		\$40.09	\$4.01	\$12.04	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.03	\$71.73	\$0.00	\$17.81	\$22.97		\$27.76	\$4.01	14.29 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.02	\$3.59	\$0.00	\$0.89	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$75.32	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2804								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.17	\$96.44	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.73	\$102.27	\$0.00	\$18.92	\$24.53	\$0.00	\$46.25	\$4.01	\$14.29	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Four County Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00405292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5731	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		67.31%	5.5%	Quarterly Medicaid CMI:			1.5945	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.14	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6223	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,356,773	\$2,116,838	\$0	\$505,376	\$504,447	\$0	\$771,130		\$458,982	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$49,748)	\$0	\$0	\$0	\$0	(\$5,559)	(\$11,269)		(\$32,920)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$45,175)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$89,505		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,730
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,385,085	\$2,116,838	\$0	\$505,376	\$504,447	(\$5,559)	\$714,686	\$89,505	\$426,062	\$33,730
8	Total Nursing Facility Days As Filed Days = 28,672	FY19 Audited C/R Days	28,672									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,645		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.17	\$73.83	\$0.00	\$17.63	\$17.40	(with L&H)	\$24.93	\$4.14	\$19.68	\$1.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5731								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	\$19.68	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.06	\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	10.47 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.35	\$2.35	\$0.00	\$0.88	\$0.87	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.41	\$49.28	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6223								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.08	\$79.95	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.40	\$4.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.23	\$8.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.31	\$88.08	\$0.00	\$18.73	\$18.68	\$0.00	\$43.65	\$4.14	\$10.47	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Southland Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00409054A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7292	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.03%	2.5%	Quarterly Medicaid CMI:			1.5743	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.48	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6017	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$11,537,793	\$6,120,756	\$0	\$865,475	\$1,148,098	\$0	\$1,401,922		\$2,001,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$19,893)	\$0	\$0	\$0	(\$3,399)	(\$4,311)	\$62,908		(\$75,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$81,250)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,200		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,669,737	\$6,120,756	\$0	\$865,475	\$1,144,699	(\$4,311)	\$1,383,580	\$161,200	\$1,926,451	\$71,887
8	Total Nursing Facility Days As Filed Days = 48,816	FY19 Audited C/R Days	48,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$254.60	\$125.38	\$0.00	\$17.73	\$23.36	(with L&H)	\$28.34	\$4.46	\$53.34	\$1.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7292								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.51	\$0.00	\$17.73	\$23.36		\$28.34	\$4.46	\$53.34	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.25	\$72.51	\$0.00	\$17.73	\$23.36		\$27.76	\$4.46	14.44 (FRV)	\$1.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.08	\$3.63	\$0.00	\$0.89	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.33	\$76.14	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6017								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.14	\$121.95	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.33	\$130.41	\$0.00	\$18.84	\$24.94	\$0.00	\$46.25	\$4.46	\$14.44	\$1.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: PruittHealth - Toomsboro, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00409494A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4734	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		17.95%	0.0%	Quarterly Medicaid CMI:			1.3909	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.43	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4161	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,397,825	\$1,710,516	\$0	\$313,302	\$460,722	\$0	\$632,682		\$280,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,154)	(\$40,289)	\$0	\$0	(\$3,089)	(\$4,326)	\$31,851		(\$24,301)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$117,611)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$268,711		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,533,824	\$1,670,227	\$0	\$313,302	\$457,633	(\$4,326)	\$546,922	\$268,711	\$256,302	\$25,053
8	Total Nursing Facility Days As Filed Days = 20,361	FY19 Audited C/R Days	20,361									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,484		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.31	\$82.03	\$0.00	\$15.39	\$22.26	(with L&H)	\$26.86	\$14.54	\$13.87	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4734								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.67	\$0.00	\$15.39	\$22.26		\$26.86	\$14.54	\$13.87	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$55.67	\$0.00	\$15.39	\$22.26		\$26.86	\$14.54	14.18 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.00	\$2.78	\$0.00	\$0.77	\$1.11	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.26	\$58.45	\$0.00	\$16.16	\$23.37	\$0.00	\$28.20	\$14.54	\$14.18	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4161								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.58	\$82.77	\$0.00	\$16.16	\$23.37	\$0.00	\$28.20	\$14.54	\$14.18	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.35	\$87.44	\$0.00	\$16.38	\$23.78	\$0.00	\$45.67	\$14.54	\$14.18	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.69									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$209.04									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$143.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Cherry Blossom Health Care				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00413509A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8210	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		21.15%	1.0%	Quarterly Medicaid CMI:			1.4352	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4628	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,372,571	\$2,301,566	\$0	\$409,609	\$534,812	\$0	\$706,296		\$420,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$60,368)	(\$549)	\$0	\$0	(\$22,044)	(\$5,346)	\$4,864		(\$37,293)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,860)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,501		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,390,840	\$2,301,017	\$0	\$409,609	\$512,768	(\$5,346)	\$667,300	\$86,501	\$382,995	\$35,996
8	Total Nursing Facility Days As Filed Days = 25,101	FY19 Audited C/R Days	25,117									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.81	\$91.61	\$0.00	\$16.31	\$20.20	(with L&H)	\$26.57	\$4.64	\$20.55	\$1.93
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8210								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$16.31	\$20.20		\$26.57	\$4.64	\$20.55	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.42	\$50.31	\$0.00	\$16.31	\$20.20		\$26.57	\$4.64	11.46 (FRV)	\$1.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.68	\$2.52	\$0.00	\$0.82	\$1.01	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.10	\$52.83	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4628								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.55	\$77.28	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.27	\$80.90	\$0.00	\$17.35	\$21.62	\$0.00	\$45.37	\$4.64	\$11.46	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.63									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.30									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.90									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00415522A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 37.9% Nurse Hours per On-Site Day/Quality Incentive: 2.86		Facility Score: N/A Add-on Percent: 5.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4442 Quarterly Medicaid CMI: 1.1981 Qtrly Mcaid CMI w RUG Wght Options: 1.2155				Facility Specific: 1.4442 1.1981 1.2155	State-wide: 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 52,000		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								12,528		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$38.39	\$0.68
<u>Allowed @ 95% of Std</u>			\$192.19	\$80.66		\$21.53	\$24.56		\$26.37		\$38.39	\$0.68
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$204.00	\$84.69		\$22.61	\$25.79		\$27.69	\$ 4.15	\$38.39	\$0.68
Quarterly Facility Case Mix Index for Medicaid Residents				1.2155							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$102.94								
Quarterly Medicaid CMA Allowed Per Diem			\$222.25	\$102.94		\$22.61	\$25.79		\$27.69	4.15	\$38.39	\$0.68
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% to Routine Srvcs)			\$2.57	\$2.57								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$4.12	\$4.12								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.79									
Quarterly Case Mix Based Per Diem Rate			\$246.04	\$109.64		\$22.61	\$25.79		\$44.79	\$4.15	\$38.39	\$0.68
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$171.70									

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: The Fountainview Ctr for Alzheimer's Disease				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00421429A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4231	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		94.12%	5.5%	Quarterly Medicaid CMI:			1.5943	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6199	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,689,278	\$4,675,394	\$0	\$1,072,103	\$1,005,825	\$0	\$1,296,071		\$639,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$178,592)	(\$170,053)	\$0	\$0	\$0	\$0	\$170,053		(\$178,592)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,309)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$197,109		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$301,825
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,861,311	\$4,505,341	\$0	\$1,072,103	\$1,005,825	\$0	\$1,317,815	\$197,109	\$461,293	\$301,825
8	Total Nursing Facility Days As Filed Days = 42,267	FY19 Audited C/R Days	42,267									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,221		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.00	\$106.59	\$0.00	\$25.37	\$23.80	(with L&H)	\$31.18	\$5.76	\$13.48	\$8.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.90	\$0.00	\$25.37	\$23.80		\$31.18	\$5.76	\$13.48	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.72	\$74.90	\$0.00	\$22.66	\$23.80		\$27.76	\$5.76	14.02 (FRV)	\$8.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$3.75	\$0.00	\$1.13	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.18	\$78.65	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6199								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.94	\$127.41	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.01	\$7.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.87	\$11.36	\$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	\$262.81	\$138.77	\$0.00	\$23.79	\$25.40	\$0.00	\$46.25	\$5.76	\$14.02	\$8.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Northeast Atlanta H & R Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00426214A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6007	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.7343	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7668	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,444,411	\$4,621,709	\$0	\$775,112	\$912,212	\$0	\$3,025,062		\$2,110,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$105,410)	(\$8,450)	\$0	\$0	(\$3,369)	(\$3,696)	\$0		(\$89,895)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$1,512,757)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$97,412		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$111,335
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,034,991	\$4,613,259	\$0	\$775,112	\$908,843	(\$3,696)	\$1,512,305	\$97,412	\$2,020,421	\$111,335
8	Total Nursing Facility Days As Filed Days = 44,835	FY19 Audited C/R Days	44,835									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,333		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.25	\$102.89	\$0.00	\$17.29	\$20.19	(with L&H)	\$33.73	\$2.54	\$52.71	\$2.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6007								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.28								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.28	\$0.00	\$17.29	\$20.19		\$33.73	\$2.54	\$52.71	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.47	\$64.28	\$0.00	\$17.29	\$20.19		\$27.76	\$2.54	12.51 (FRV)	\$2.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.21	\$0.00	\$0.86	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.94	\$67.49	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7668								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.69	\$119.24	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.51	\$126.33	\$0.00	\$18.37	\$21.61	\$0.00	\$46.25	\$2.54	\$12.51	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Taylor County Health Care Prvdr ID: 00432924A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.18% Nurse Hours per On-Site Day/Quality Incentive: 3.40		N/A 2.5% 4.0%	5.00%	Base Period Overall CMI: 1.5584 Quarterly Medicaid CMI: 1.3668 Qtrly Mcaid CMI w RUG Wght Options: 1.3897			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$4,391,451	\$2,260,216	\$0	\$429,902	\$508,394	\$0	\$724,547		\$468,392	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$62,833)	\$0	\$0	\$0	(\$231)	(\$4,074)	(\$9,996)		(\$48,532)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,185)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$82,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,850
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,411,638	\$2,260,216	\$0	\$429,902	\$508,163	(\$4,074)	\$672,366	\$82,355	\$419,860	\$42,850
8	Total Nursing Facility Days As Filed Days = 25,033	FY19 Audited C/R Days	25,033									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.94	\$90.29	\$0.00	\$17.17	\$20.14	(with L&H)	\$26.86	\$3.85	\$19.63	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5584								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.94	\$0.00	\$17.17	\$20.14		\$26.86	\$3.85	\$19.63	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.89	\$57.94	\$0.00	\$17.17	\$20.14		\$26.86	\$3.85	10.93 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$2.90	\$0.00	\$0.86	\$1.01	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.00	\$60.84	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3897								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.71	\$84.55	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.83	\$90.57	\$0.00	\$18.25	\$21.56	\$0.00	\$45.67	\$3.85	\$10.93	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.80									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.77									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$136.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

<div>Provider: Hill Haven Nursing Home Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21 Nurse Hours per On-Site Day/Quality Incentive:</div>												
<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>					<u>Facility Specific</u>	<u>State-wide</u>
Growth Allowance:				N/A	5.00%	Base Period Overall CMI:					1.3978	1.4759
Qtrly BIMS score				40.00%	2.5%	Quarterly Medicaid CMI:					1.4140	1.4983
				3.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4393	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,800,348	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$648,852		\$366,554	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,833)	\$0	\$0	\$0	\$0	\$0	(\$13,961)		(\$26,872)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$87,284)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,964		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,461
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,793,656	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$547,607	\$96,964	\$339,682	\$24,461
8	Total Nursing Facility Days As Filed Days = 23,850	FY19 Audited C/R Days	23,850									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.52	\$80.27	\$0.00	\$14.18	\$22.32	(with L&H)	\$22.96	\$4.79	\$16.79	\$1.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3978								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	\$16.79	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.04	\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	11.16 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.87	\$0.00	\$0.71	\$1.12	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.89	\$60.29	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4393								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.38	\$86.78	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.40	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.78	\$92.08	\$0.00	\$15.11	\$23.85	\$0.00	\$41.58	\$4.79	\$11.16	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.51									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$191.66									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$130.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: A.G. Rhodes Home - Cobb, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00493292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6140	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.27%	1.0%	Quarterly Medicaid CMI:			1.6572	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.46	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6879	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$10,169,553	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	\$1,854,422		\$342,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,473)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$138,229)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$172,149		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,418
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,223,418	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	\$1,716,193	\$172,149	\$318,399	\$44,418
8	Total Nursing Facility Days As Filed Days = 42,478	FY19 Audited C/R Days	42,478									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,781		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.39	\$129.63	\$0.00	\$28.07	\$29.98	(with L&H)	\$40.40	\$5.25	\$9.71	\$1.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.32	\$0.00	\$28.07	\$29.98		\$40.40	\$5.25	\$9.71	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.00	\$80.32	\$0.00	\$22.66	\$25.85		\$27.76	\$5.25	15.81 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.83	\$4.02	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.83	\$84.34	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.25	\$15.81	\$1.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6879								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.85	\$142.36	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.25	\$15.81	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$6.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.17	\$148.58	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$5.25	\$15.81	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: New London Health Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00494139A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5551	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		38.57%	2.5%	Quarterly Medicaid CMI:			1.7727	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.8047	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,579,381	\$3,922,923	\$0	\$764,862	\$714,397	\$0	\$1,414,450		\$2,762,749	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,547)	\$0	\$0	\$0	\$4,522	\$5,292	(\$7,732)		(\$74,629)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$212,852)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,987		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,717,609	\$3,922,923	\$0	\$764,862	\$718,919	\$5,292	\$1,193,866	\$282,987	\$2,688,120	\$140,640
8	Total Nursing Facility Days As Filed Days = 47,641	FY19 Audited C/R Days	47,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,130		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.31	\$82.34	\$0.00	\$16.05	\$15.20	(with L&H)	\$25.06	\$6.88	\$65.36	\$3.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5551								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.95								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	\$65.36	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.89	\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	12.33 (FRV)	\$3.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.46	\$2.65	\$0.00	\$0.80	\$0.76	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.35	\$55.60	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8047								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.09	\$100.34	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.24	\$105.39	\$0.00	\$17.07	\$16.37	\$0.00	\$43.78	\$6.88	\$12.33	\$3.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Powder Springs Nurs. & Rehab. Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00530824A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4911	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		35.90%	2.5%	Quarterly Medicaid CMI:			1.5915	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6188	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$12,673,371	\$5,947,837	\$0	\$1,176,666	\$1,383,527	\$0	\$1,864,480		\$2,300,861	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$203,368)	(\$25,230)	\$0	\$0	\$15,700	\$3,773	(\$74,096)		(\$123,515)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$307,453)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,864		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,532
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,569,946	\$5,922,607	\$0	\$1,176,666	\$1,399,227	\$3,773	\$1,482,931	\$356,864	\$2,177,346	\$50,532
8	Total Nursing Facility Days As Filed Days = 66,523	FY19 Audited C/R Days	66,523									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,721		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$237.07	\$89.03	\$0.00	\$17.69	\$21.09	(with L&H)	\$22.29	\$12.01	\$73.26	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4911								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$17.69	\$21.09		\$22.29	\$12.01	\$73.26	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.71	\$59.71	\$0.00	\$17.69	\$21.09		\$22.29	\$12.01	13.22 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.99	\$0.00	\$0.88	\$1.05	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.74	\$62.70	\$0.00	\$18.57	\$22.14	\$0.00	\$23.40	\$12.01	\$13.22	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6188								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.54	\$101.50	\$0.00	\$18.57	\$22.14	\$0.00	\$23.40	\$12.01	\$13.22	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.74	\$106.60	\$0.00	\$18.79	\$22.55	\$0.00	\$40.87	\$12.01	\$13.22	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00531033A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5750	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		23.16%	1.0%	Quarterly Medicaid CMI:			1.6590	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.03	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6892	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,111,786	\$4,316,360	\$0	\$716,091	\$730,086	\$0	\$1,584,988		\$764,261	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,717)	(\$23,369)	\$0	(\$3,200)	(\$3,347)	(\$7,355)	\$18,861		(\$73,307)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$310,975)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$85,959
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,795,053	\$4,292,991	\$0	\$712,891	\$726,739	(\$7,355)	\$1,292,874	\$0	\$690,954	\$85,959
8	Total Nursing Facility Days As Filed Days = 43,565	FY19 Audited C/R Days	43,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.19	\$98.54	\$0.00	\$16.36	\$16.51	(with L&H)	\$29.68	\$0.00	\$16.99	\$2.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5750								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.57	\$0.00	\$16.36	\$16.51		\$29.68	\$0.00	\$16.99	\$2.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.68	\$62.57	\$0.00	\$16.36	\$16.51		\$27.76	\$0.00	13.37 (FRV)	\$2.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.17	\$3.13	\$0.00	\$0.82	\$0.83	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.85	\$65.70	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6892								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.13	\$110.98	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.94	\$117.06	\$0.00	\$17.40	\$17.75	\$0.00	\$46.25	\$0.00	\$13.37	\$2.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Maple Ridge Health Care Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00534619A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		57.78%	5.5%	Quarterly Medicaid CMI:			1.7362	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.87	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7707	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,045,863	\$1,060,159	\$0	\$255,001	\$196,087	\$0	\$385,283		\$149,333	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,104)	(\$15,744)	\$0	(\$1,058)	\$747	(\$193)	(\$3,218)		(\$18,637)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$60,080)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$153,798		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,429
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,158,906	\$1,044,415	\$0	\$253,943	\$196,834	(\$193)	\$321,985	\$153,798	\$130,696	\$57,429
8	Total Nursing Facility Days As Filed Days = 12,987	FY19 Audited C/R Days	12,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,750		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.30	\$80.42	\$0.00	\$19.55	\$15.14	(with L&H)	\$24.79	\$6.48	\$5.50	\$2.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4592								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	\$5.50	\$2.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	14.19 (FRV)	\$2.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.74	\$2.76	\$0.00	\$0.98	\$0.76	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.42	\$57.87	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7707								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.02	\$102.47	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.34	\$9.24	\$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	\$215.36	\$111.71	\$0.00	\$20.75	\$16.31	\$0.00	\$43.50	\$6.48	\$14.19	\$2.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.70									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.27									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Rosemont at Stone Mountain				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00587331A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4573	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		58.73%	5.5%	Quarterly Medicaid CMI:			1.7262	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.68	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7584	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,678,842	\$2,145,247	\$0	\$416,663	\$338,186	\$0	\$562,667		\$216,079	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$112,200)	(\$68,354)	\$0	\$0	\$6,913	\$2,708	(\$7,011)		(\$46,456)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$120,973)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$303,595		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$408,111
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,157,375	\$2,076,893	\$0	\$416,663	\$345,099	\$2,708	\$434,683	\$303,595	\$169,623	\$408,111
8	Total Nursing Facility Days As Filed Days = 25,813	FY19 Audited C/R Days	25,813									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.57	\$80.46	\$0.00	\$16.14	\$13.47	(with L&H)	\$16.84	\$6.43	\$3.59	\$8.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4573								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	\$3.59	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.82	\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	12.09 (FRV)	\$8.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.08	\$2.76	\$0.00	\$0.81	\$0.67	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.90	\$57.97	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7584								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.86	\$101.93	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.61	\$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.16	\$111.13	\$0.00	\$17.17	\$14.55	\$0.00	\$35.15	\$6.43	\$12.09	\$8.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.05									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.51									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bayview Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00624951A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4427	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		47.37%	5.5%	Quarterly Medicaid CMI:			1.4931	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5216	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$3,632,979	\$1,884,865	\$0	\$454,950	\$442,380	\$0	\$483,793		\$366,991	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,623)	(\$6,096)	\$0	\$0	\$0	(\$5,150)	(\$2,640)		(\$59,737)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$50,807)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,930		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,569
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,626,048	\$1,878,769	\$0	\$454,950	\$442,380	(\$5,150)	\$430,346	\$59,930	\$307,254	\$57,569
8	Total Nursing Facility Days As Filed Days = 21,890	FY19 Audited C/R Days	21,890									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.75	\$85.83	\$0.00	\$20.78	\$19.97	(with L&H)	\$19.66	\$3.46	\$17.73	\$3.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4427								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.49	\$0.00	\$20.78	\$19.97		\$19.66	\$3.46	\$17.73	\$3.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.70	\$59.49	\$0.00	\$20.78	\$19.97		\$19.66	\$3.46	37.02 (FRV)	\$3.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$2.97	\$0.00	\$1.04	\$1.00	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.69	\$62.46	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5216								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.27	\$95.04	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.23	\$5.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.71	\$8.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.98	\$103.65	\$0.00	\$22.04	\$21.38	\$0.00	\$38.11	\$3.46	\$37.02	\$3.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Briarwood Health & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00706813A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6214	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		32.79%	2.5%	Quarterly Medicaid CMI:			1.7413	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.92	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7735	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$7,498,992	\$3,780,859	\$0	\$560,932	\$553,996	\$0	\$1,099,234		\$1,503,971	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$121,626)	(\$4,087)	\$0	\$0	\$0	\$0	\$0		(\$117,539)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,504)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,547		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$120,605
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,500,014	\$3,776,772	\$0	\$560,932	\$553,996	\$0	\$1,094,730	\$6,547	\$1,386,432	\$120,605
8	Total Nursing Facility Days As Filed Days = 34,124	FY19 Audited C/R Days	34,124									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,161		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.62	\$110.68	\$0.00	\$16.44	\$16.23	(with L&H)	\$32.08	\$0.22	\$45.97	\$4.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$16.44	\$16.23		\$32.08	\$0.22	\$45.97	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.32	\$68.26	\$0.00	\$16.44	\$16.23		\$27.76	\$0.22	11.41 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.41	\$0.00	\$0.82	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$71.67	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7735								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.19	\$127.11	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.81	\$3.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.44	\$134.63	\$0.00	\$17.48	\$17.45	\$0.00	\$46.25	\$0.22	\$11.41	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Lee County Health Care Prvdr ID: 00712665A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.35		N/A	5.00% 1.0% 4.0%	Base Period Overall CMI: 1.6313 Quarterly Medicaid CMI: 1.8760 Qtrly Mcaid CMI w RUG Wght Options: 1.9120			1.4759 1.5462 1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,946,845	\$1,999,552	\$0	\$407,967	\$444,386	\$0	\$643,866		\$451,074	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$51,379)	\$4,308	\$0	\$0	\$0	(\$4,308)	(\$8,540)		(\$42,839)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,915)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,985		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,239
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,967,775	\$2,003,860	\$0	\$407,967	\$444,386	(\$4,308)	\$603,411	\$62,985	\$408,235	\$41,239
8	Total Nursing Facility Days As Filed Days = 20,995	FY19 Audited C/R Days	20,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,605		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.68	\$95.44	\$0.00	\$19.43	\$20.96	(with L&H)	\$28.74	\$3.58	\$23.19	\$2.34
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6313								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.51	\$0.00	\$19.43	\$20.96		\$28.74	\$3.58	\$23.19	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.30	\$58.51	\$0.00	\$19.43	\$20.96		\$27.76	\$3.58	15.72 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$2.93	\$0.00	\$0.97	\$1.05	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.64	\$61.44	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9120								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.67	\$117.47	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.80	\$123.87	\$0.00	\$20.62	\$22.42	\$0.00	\$46.25	\$3.58	\$15.72	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bryan County Health & Rehab Ctr Prvdr ID: 00715569A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 39.68% Nurse Hours per On-Site Day/Quality Incentive: 4.02		<u>Facility Score</u> N/A 39.68% 4.02	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5889 Quarterly Medicaid CMI: 1.7300 Qtrly Mcaid CMI w RUG Wght Options: 1.7642			<u>Facility Specific</u> 1.5889 1.7300 1.7642	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,373,891	\$2,736,591	\$0	\$612,959	\$723,984	\$0	\$846,167		\$454,190	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$99,878)	(\$3,203)	\$0	\$0	(\$2,232)	(\$2,001)	(\$11,044)		(\$81,398)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$162,139)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,709		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$118,171
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,401,754	\$2,733,388	\$0	\$612,959	\$721,752	(\$2,001)	\$672,984	\$171,709	\$372,792	\$118,171
8	Total Nursing Facility Days As Filed Days = 32,554	FY19 Audited C/R Days	32,554									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,744		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.31	\$83.96	\$0.00	\$18.83	\$22.11	(with L&H)	\$20.67	\$6.67	\$14.48	\$4.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5889								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.84	\$0.00	\$18.83	\$22.11		\$20.67	\$6.67	\$14.48	\$4.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$52.84	\$0.00	\$18.83	\$22.11		\$20.67	\$6.67	13.92 (FRV)	\$4.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.72	\$2.64	\$0.00	\$0.94	\$1.11	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.35	\$55.48	\$0.00	\$19.77	\$23.22	\$0.00	\$21.70	\$6.67	\$13.92	\$4.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7642								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.75	\$97.88	\$0.00	\$19.77	\$23.22	\$0.00	\$21.70	\$6.67	\$13.92	\$4.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.77	\$103.80	\$0.00	\$19.99	\$23.63	\$0.00	\$39.17	\$6.67	\$13.92	\$4.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Tara at Thunderbolt Nursing & Rehab Center Prvdr ID: 00727801A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.41% Nurse Hours per On-Site Day/Quality Incentive: 2.97		<u>Facility Score</u> N/A 2.97	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5514 Quarterly Medicaid CMI: 1.3756 Qtrly Mcaid CMI w RUG Wght Options: 1.3982			<u>Facility Specific</u> 1.5514 1.3756 1.3982	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,059,830	\$4,256,450	\$0	\$634,345	\$810,383	\$0	\$1,342,915		\$2,015,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$224,022)	(\$56,649)	\$0	(\$3,503)	\$0	\$0	\$11,439		(\$175,309)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$198,071)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$234,529		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$131,255
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,003,521	\$4,199,801	\$0	\$630,842	\$810,383	\$0	\$1,156,283	\$234,529	\$1,840,428	\$131,255
8	Total Nursing Facility Days As Filed Days = 43,931	FY19 Audited C/R Days	43,931									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,400		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$268.46	\$95.60	\$0.00	\$14.36	\$18.45	(with L&H)	\$26.32	\$12.09	\$94.87	\$6.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5514								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	\$94.87	\$6.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.83	\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	18.22 (FRV)	\$6.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$3.08	\$0.00	\$0.72	\$0.92	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.87	\$64.70	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3982								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.63	\$90.46	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.97	\$93.70	\$0.00	\$15.30	\$19.78	\$0.00	\$45.11	\$12.09	\$18.22	\$6.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Gwinnett Extended Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00781382A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5910	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		44.00%	2.5%	Quarterly Medicaid CMI:			1.4189	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.57	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4449	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,054,038	\$6,271,543	\$0	\$1,198,625	\$572,970	\$965,334	\$1,950,526		\$1,095,040	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$21,768		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,075,806	\$6,271,543	\$0	\$1,198,625	\$572,970	\$965,334	\$1,950,526	\$21,768	\$1,095,040	\$0
8	Total Nursing Facility Days As Filed Days = 30,289	FY19 Audited C/R Days	30,289									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$398.92	\$207.06	\$0.00	\$39.57	\$50.79	(with L&H)	\$64.40	\$0.95	\$36.15	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5910								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$130.15	\$0.00	\$39.57	\$50.79		\$64.40	\$0.95	\$36.15	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.97	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.95	14.07 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.52	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.95	\$14.07	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4449								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.19	\$128.83	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.95	\$14.07	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$6.44	\$6.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$9.66	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.95	\$138.49	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.95	\$14.07	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Dunwoody Health and Rehab Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00815295A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7799	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.02%	2.5%	Quarterly Medicaid CMI:			1.8297	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8628	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$18,173,212	\$8,484,178	\$0	\$1,070,051	\$1,558,344	\$0	\$2,628,414		\$4,432,225	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$262,294)	(\$21,000)	\$0	\$0	\$0	\$0	\$0		(\$241,294)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,663)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$18,090,207	\$8,463,178	\$0	\$1,070,051	\$1,558,344	\$0	\$2,611,751	\$56,086	\$4,190,931	\$139,866
8	Total Nursing Facility Days As Filed Days = 72,214	FY19 Audited C/R Days	72,214									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,851		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$283.41	\$117.20	\$0.00	\$14.82	\$21.58	(with L&H)	\$36.17	\$1.20	\$89.45	\$2.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7799								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$14.82	\$21.58		\$36.17	\$1.20	\$89.45	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.38	\$65.85	\$0.00	\$14.82	\$21.58		\$27.76	\$1.20	16.18 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.50	\$3.29	\$0.00	\$0.74	\$1.08	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.88	\$69.14	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8628								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.53	\$128.79	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.34	\$7.61	\$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	\$241.87	\$136.40	\$0.00	\$15.78	\$23.07	\$0.00	\$46.25	\$1.20	\$16.18	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: D. Scott Hudgens Center for Skilled Nursing Prvdr ID: 000815493B				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 51.85% Nurse Hours per On-Site Day/Quality Incentive: 4.34		<u>Facility Score</u> N/A 51.85% 4.34	<u>Add-on Percent</u> 5.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3957 Quarterly Medicaid CMI: 1.3831 Qtrly Mcaid CMI w RUG Wght Options: 1.4031			<u>Facility Specific</u> 1.3957 1.3831 1.4031	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$2,905,580	\$1,288,520	\$0	\$346,721	\$391,282	\$0	\$697,575		\$181,482	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$19,097)	\$75,619	\$0	\$0	\$0	\$380	(\$75,619)		(\$19,477)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,767)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$8,924		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,850
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,909,490	\$1,364,139	\$0	\$346,721	\$391,282	\$380	\$617,189	\$8,924	\$162,005	\$18,850
8	Total Nursing Facility Days As Filed Days = 11,431	FY19 Audited C/R Days	11,431									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$254.92	\$119.34	\$0.00	\$30.33	\$34.26	(with L&H)	\$53.99	\$0.80	\$14.51	\$1.69
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3957								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$30.33	\$34.26		\$53.99	\$0.80	\$14.51	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.80	23.53 (FRV)	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.26	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4031								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.20	\$125.10	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.88	\$6.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$10.63	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.93	\$135.73	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$0.80	\$23.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Life Care Center of Lawrenceville				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00818914A				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.5844	1.4759	
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score	9.52%	0.0%	Quarterly Medicaid CMI:			1.2826	1.5462	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:	4.25	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2973	1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,133,160	\$4,345,921	\$0	\$846,027	\$852,185	\$0	\$1,504,420		\$584,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$166,779)	\$0	\$0	(\$2,655)	\$0	\$4,572	(\$44,531)		(\$124,165)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$98,730)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$128,113		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,171,257	\$4,345,921	\$0	\$843,372	\$852,185	\$4,572	\$1,361,159	\$128,113	\$460,442	\$175,493
8	Total Nursing Facility Days As Filed Days = 33,958	FY19 Audited C/R Days	33,958									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.68	\$127.98	\$0.00	\$24.84	\$25.23	(with L&H)	\$40.08	\$5.29	\$19.01	\$7.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5844								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.78	\$0.00	\$24.84	\$25.23		\$40.08	\$5.29	\$19.01	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.54	\$80.78	\$0.00	\$22.66	\$25.23		\$27.76	\$5.29	17.57 (FRV)	\$7.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.82	\$4.04	\$0.00	\$1.13	\$1.26	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.36	\$84.82	\$0.00	\$23.79	\$26.49	\$0.00	\$29.15	\$5.29	\$17.57	\$7.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2973								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.58	\$110.04	\$0.00	\$23.79	\$26.49	\$0.00	\$29.15	\$5.29	\$17.57	\$7.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.24	\$2.73	\$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	\$239.82	\$112.77	\$0.00	\$23.79	\$26.90	\$0.00	\$46.25	\$5.29	\$17.57	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Senior Care Ctr.-Brunswick Prvdr ID: 000830827B				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 26.13% Nurse Hours per On-Site Day/Quality Incentive: 4.13		N/A 26.13% 4.13	5.00% 1.0% 2.0%	Base Period Overall CMI: 1.2880 Quarterly Medicaid CMI: 1.3903 Qtrly Mcaid CMI w RUG Wght Options: 1.4129			1.2880 1.3903 1.4129	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$16,154,976	\$10,886,636	\$0	\$1,505,151	\$781,808	\$500,814	\$1,818,932		\$661,635	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$8,222)	(\$33,906)	\$0	\$0	(\$19,724)	\$0	(\$182,200)		\$227,608	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$339,582		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,546
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,519,882	\$10,852,730	\$0	\$1,505,151	\$762,084	\$500,814	\$1,636,732	\$339,582	\$889,243	\$33,546
8	Total Nursing Facility Days As Filed Days = 68,679	FY19 Audited C/R Days	68,679									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								56,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$158.02	\$0.00	\$21.92	\$18.39	(with L&H)	\$23.83	\$5.97	\$15.64	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2880								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$122.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$122.68	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	\$15.64	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.36	\$84.91	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	15.75 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$4.25	\$0.00	\$1.10	\$0.92	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.82	\$89.16	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4129								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.63	\$125.97	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.78	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.41	\$129.75	\$0.00	\$23.24	\$19.72	\$0.00	\$25.39	\$5.97	\$15.75	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Roselane Health and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00831751A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6728	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		24.39%	1.0%	Quarterly Medicaid CMI:			1.7132	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7436	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,445,698	\$5,100,863	\$0	\$720,934	\$817,363	\$0	\$1,794,155		\$2,012,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$141,649)	(\$51,340)	\$0	\$0	\$0	\$0	(\$12,816)		(\$77,493)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,005)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$64,495		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$99,310
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,457,849	\$5,049,523	\$0	\$720,934	\$817,363	\$0	\$1,771,334	\$64,495	\$1,934,890	\$99,310
8	Total Nursing Facility Days As Filed Days = 45,747	FY19 Audited C/R Days	45,747									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.37	\$110.38	\$0.00	\$15.76	\$17.87	(with L&H)	\$38.72	\$1.53	\$45.76	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6728								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.98	\$0.00	\$15.76	\$17.87		\$38.72	\$1.53	\$45.76	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.63	\$65.98	\$0.00	\$15.76	\$17.87		\$27.76	\$1.53	14.38 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.37	\$3.30	\$0.00	\$0.79	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.00	\$69.28	\$0.00	\$16.55	\$18.76	\$0.00	\$29.15	\$1.53	\$14.38	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7436								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.52	\$120.80	\$0.00	\$16.55	\$18.76	\$0.00	\$29.15	\$1.53	\$14.38	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.61	\$126.16	\$0.00	\$16.77	\$19.17	\$0.00	\$46.25	\$1.53	\$14.38	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Regency Park Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00837207A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4391	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		8.89%	0.0%	Quarterly Medicaid CMI:			1.5370	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		5.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5650	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,302,270	\$4,763,250	\$0	\$926,141	\$710,837	\$0	\$1,557,198		\$344,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$52,751)	(\$154,818)	\$0	\$0	\$0	\$0	\$102,067		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$128,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$50,977		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,282
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,182,328	\$4,608,432	\$0	\$926,141	\$710,837	\$0	\$1,530,815	\$50,977	\$344,844	\$10,282
8	Total Nursing Facility Days As Filed Days = 33,152	FY19 Audited C/R Days	33,254									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.30	\$138.58	\$0.00	\$27.85	\$21.38	(with L&H)	\$46.03	\$2.07	\$13.97	\$0.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4391								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.29	\$0.00	\$27.85	\$21.38		\$46.03	\$2.07	\$13.97	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.86	\$84.91	\$0.00	\$22.66	\$21.38		\$27.76	\$2.07	21.66 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.84	\$4.25	\$0.00	\$1.13	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.70	\$89.16	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5650								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.08	\$139.54	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.70	\$4.19	\$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	\$260.78	\$143.73	\$0.00	\$23.79	\$22.86	\$0.00	\$46.25	\$2.07	\$21.66	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Rockdale Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00838252A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6004	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.76%	1.0%	Quarterly Medicaid CMI:			1.7170	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.13	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7497	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,550,065	\$3,558,298	\$0	\$567,605	\$654,973	\$0	\$1,145,696		\$2,623,493	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,007)	(\$66,095)	\$0	\$0	\$0	\$0	\$141,959		(\$120,871)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,292)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$196,225		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$123,790
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,676,781	\$3,492,203	\$0	\$567,605	\$654,973	\$0	\$1,139,363	\$196,225	\$2,502,622	\$123,790
8	Total Nursing Facility Days As Filed Days = 33,959	FY19 Audited C/R Days	33,959									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,552		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$259.10	\$102.84	\$0.00	\$16.71	\$19.29	(with L&H)	\$33.55	\$6.03	\$76.88	\$3.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6004								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.26	\$0.00	\$16.71	\$19.29		\$33.55	\$6.03	\$76.88	\$3.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$64.26	\$0.00	\$16.71	\$19.29		\$27.76	\$6.03	13.46 (FRV)	\$3.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.40	\$3.21	\$0.00	\$0.84	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.71	\$67.47	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7497								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.29	\$118.05	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.27	\$123.30	\$0.00	\$17.77	\$20.66	\$0.00	\$46.25	\$6.03	\$13.46	\$3.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Coastal Manor				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00856028A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4097	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		52.24%	5.5%	Quarterly Medicaid CMI:			1.6251	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		4.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6563	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,547,385	\$3,420,736	\$0	\$902,222	\$375,944	\$611,470	\$689,267		\$547,746	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,874)	(\$175,856)	\$0	\$59,176	\$0	(\$20,720)	\$114,193		(\$30,667)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$106,719)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$136,765		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,550,517	\$3,244,880	\$0	\$961,398	\$375,944	\$590,750	\$696,741	\$136,765	\$517,079	\$26,960
8	Total Nursing Facility Days As Filed Days = 37,667	FY19 Audited C/R Days	37,667									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.79	\$86.15	\$0.00	\$25.52	\$25.66	(with L&H)	\$18.50	\$3.81	\$14.40	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4097								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	\$14.40	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.53	\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	16.18 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.55	\$3.06	\$0.00	\$1.28	\$1.28	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.08	\$64.17	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6563								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.19	\$106.28	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.14	\$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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$3.72	\$0.00	\$0.22	\$0.14	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.74	\$110.00	\$0.00	\$27.02	\$27.08	\$0.00	\$36.90	\$3.81	\$16.18	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.48									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$246.10									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$171.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Candler Hospital Sub-Acute Unit				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00870911A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			2.2646	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		0.00%	0.0%	Quarterly Medicaid CMI:			1.4983	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		8.35	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5246	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,882,028	\$996,996	\$0	\$69,846	\$95,518	\$109,522	\$376,793		\$233,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$6,720)	(\$760)	\$0	(\$10,911)	(\$2,679)	(\$7,866)	(\$3,899)		\$19,395	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$3,419		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,418
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,896,145	\$996,236	\$0	\$58,935	\$92,839	\$101,656	\$372,894	\$3,419	\$252,748	\$17,418
8	Total Nursing Facility Days As Filed Days = 3,165	FY19 Audited C/R Days	3,165									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$598.53	\$314.77	\$0.00	\$18.62	\$61.45	(with L&H)	\$117.82	\$0.51	\$79.86	\$5.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		2.2646								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$138.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$138.99	\$0.00	\$18.62	\$61.45		\$117.82	\$0.51	\$79.86	\$5.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.58	\$84.91	\$0.00	\$18.62	\$25.85		\$27.76	\$0.51	11.43 (FRV)	\$5.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.25	\$0.00	\$0.93	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.44	\$89.16	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5246								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.22	\$135.94	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.54	\$135.94	\$0.00	\$19.77	\$27.14	\$0.00	\$46.25	\$0.51	\$11.43	\$5.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.08									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$309.10									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$219.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: PruittHealth - Laurel Park				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00908553A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6065	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		19.51%	0.0%	Quarterly Medicaid CMI:			1.6824	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.92	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7154	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,703,371	\$4,016,912	\$0	\$497,744	\$746,599	\$0	\$1,255,413		\$186,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$40,008)	(\$97,139)	\$0	\$0	(\$4,623)	(\$6,146)	\$85,023		(\$17,123)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$177,138)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$383,193		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,884,955	\$3,919,773	\$0	\$497,744	\$741,976	(\$6,146)	\$1,163,298	\$383,193	\$169,580	\$15,537
8	Total Nursing Facility Days As Filed Days = 31,012	FY19 Audited C/R Days	31,012									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$126.40	\$0.00	\$16.05	\$23.73	(with L&H)	\$37.51	\$15.04	\$6.66	\$0.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6065								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.05	\$23.73		\$37.51	\$15.04	\$6.66	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.05	\$78.68	\$0.00	\$16.05	\$23.73		\$27.76	\$15.04	21.18 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.31	\$3.93	\$0.00	\$0.80	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.36	\$82.61	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7154								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.46	\$141.71	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.09	\$7.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$7.62	\$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	\$274.81	\$149.33	\$0.00	\$17.07	\$25.33	\$0.00	\$46.25	\$15.04	\$21.18	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Oconee Regional SNF				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00947658A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8401	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		0.00%	0.0%	Quarterly Medicaid CMI:			1.5462	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		6.19	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5738	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,037,510	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$536,279		\$134,070	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,063)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,985		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,093,432	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$520,216	\$71,985	\$134,070	\$0
8	Total Nursing Facility Days As Filed Days = 3,108	FY19 Audited C/R Days	3,108									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,108		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$674.14	\$331.47	\$0.00	\$44.26	\$64.15	(with L&H)	\$167.38	\$23.74	\$43.14	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8401								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$180.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$180.14	\$0.00	\$44.26	\$64.15		\$167.38	\$23.74	\$43.14	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.35	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$23.74	20.66 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.90	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5738								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.06	\$140.32	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$292.16	\$140.32	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$23.74	\$20.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Zebulon Park Health And Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003125041B				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6504	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		29.41%	1.0%	Quarterly Medicaid CMI:			1.3989	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4193	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,672,494	\$2,926,461	\$0	\$443,375	\$579,441	\$0	\$939,702		\$783,515	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$103,066	\$0	\$0	\$0	\$0	\$11,177	\$116,629		(\$24,740)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,612)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$69,498		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,755
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,829,201	\$2,926,461	\$0	\$443,375	\$579,441	\$11,177	\$1,020,719	\$69,498	\$758,775	\$19,755
8	Total Nursing Facility Days As Filed Days = 21,398	FY19 Audited C/R Days	21,398									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.14	\$136.76	\$0.00	\$20.72	\$27.60	(with L&H)	\$47.70	\$3.47	\$37.90	\$0.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6504								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.86	\$0.00	\$20.72	\$27.60		\$47.70	\$3.47	\$37.90	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.50	\$82.86	\$0.00	\$20.72	\$25.85		\$27.76	\$3.47	35.85 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.14	\$0.00	\$1.04	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.36	\$87.00	\$0.00	\$21.76	\$27.14	\$0.00	\$29.15	\$3.47	\$35.85	\$0.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4193								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.84	\$123.48	\$0.00	\$21.76	\$27.14	\$0.00	\$29.15	\$3.47	\$35.85	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.46	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.62	\$128.94	\$0.00	\$21.98	\$27.14	\$0.00	\$46.25	\$3.47	\$35.85	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Ansley Park Health And Rehab Prvdr ID: 003136416A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 21.62% Nurse Hours per On-Site Day/Quality Incentive: 3.92		<u>Facility Score</u> N/A 21.62% 3.92	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6732 Quarterly Medicaid CMI: 1.4652 Qtrly Mcaid CMI w RUG Wght Options: 1.4935			<u>Facility Specific</u> 1.6732 1.4652 1.4935	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,435,062	\$3,170,278	\$0	\$478,775	\$513,905	\$0	\$890,376		\$381,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$118,603	\$0	\$0	\$0	\$1,442	\$12,920	\$129,376		(\$25,135)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,580)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$68,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,946
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,606,671	\$3,170,278	\$0	\$478,775	\$515,347	\$12,920	\$984,172	\$68,640	\$356,593	\$19,946
8	Total Nursing Facility Days As Filed Days = 21,566	FY19 Audited C/R Days	21,566									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.43	\$147.00	\$0.00	\$22.20	\$24.50	(with L&H)	\$45.64	\$4.18	\$21.70	\$1.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6732								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.86	\$0.00	\$22.20	\$24.50		\$45.64	\$4.18	\$21.70	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.53	\$84.91	\$0.00	\$22.20	\$24.50		\$27.76	\$4.18	37.77 (FRV)	\$1.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.98	\$4.25	\$0.00	\$1.11	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4935								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.51	\$133.16	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$277.56	\$138.48	\$0.00	\$23.53	\$26.14	\$0.00	\$46.25	\$4.18	\$37.77	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Stevens Park Prvdr ID: 003143404A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 23.53% Nurse Hours per On-Site Day/Quality Incentive: 4.53		N/A 23.53% 4.53	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5018 1.5789 1.6085	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,736,576	\$1,654,419	\$0	\$386,866	\$355,252	\$0	\$590,517		\$749,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	\$36,529	\$0	\$0	\$0	\$0	\$5,441	\$40,942		(\$9,854)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,100)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,804,443	\$1,654,419	\$0	\$386,866	\$355,252	\$5,441	\$609,359	\$43,680	\$739,668	\$9,758
8	Total Nursing Facility Days As Filed Days = 14,857	FY19 Audited C/R Days	14,857									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,618		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.96	\$111.36	\$0.00	\$26.04	\$24.28	(with L&H)	\$41.01	\$3.76	\$63.67	\$0.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5018								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.15	\$0.00	\$26.04	\$24.28		\$41.01	\$3.76	\$63.67	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.08	\$74.15	\$0.00	\$22.66	\$24.28		\$27.76	\$3.76	33.63 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.71	\$0.00	\$1.13	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.52	\$77.86	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6085								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.90	\$125.24	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.54	\$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	\$264.95	\$130.78	\$0.00	\$23.79	\$25.90	\$0.00	\$46.25	\$3.76	\$33.63	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Chelsey Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003165720A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7649	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Qtrly BIMS score		31.82%	2.5%	Quarterly Medicaid CMI:			1.4891	1.5462
				Nurse Hours per On-Site Day/Quality Incentive:		2.92	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5165	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,295,010	\$3,030,378	\$0	\$458,144	\$501,472	\$0	\$775,819		\$529,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$80,390	\$0	\$0	\$0	\$0	\$10,940	\$100,292		(\$30,842)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,525)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,836
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,432,111	\$3,030,378	\$0	\$458,144	\$501,472	\$10,940	\$844,586	\$62,400	\$498,355	\$25,836
8	Total Nursing Facility Days As Filed Days = 20,044	FY19 Audited C/R Days	20,044									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,426		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.41	\$151.19	\$0.00	\$22.86	\$25.56	(with L&H)	\$42.14	\$3.58	\$28.60	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7649								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.67	\$0.00	\$22.86	\$25.56		\$42.14	\$3.58	\$28.60	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.46	\$84.91	\$0.00	\$22.66	\$25.56		\$27.76	\$3.58	36.51 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.05	\$4.25	\$0.00	\$1.13	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5165								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.56	\$135.21	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.76	\$6.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.46	\$10.14	\$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	\$284.02	\$145.35	\$0.00	\$23.79	\$27.06	\$0.00	\$46.25	\$3.58	\$36.51	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Harrington Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003165726A		Case Mix Per Diem Rate Effective Date: 7/1/2021		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6438	1.4759
				Qtrly BIMS score		22.73%	1.0%	Quarterly Medicaid CMI:			1.5296	1.5462
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/21		Nurse Hours per On-Site Day/Quality Incentive:		3.98	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5551	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			50.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,668	\$2,821,644	\$0	\$475,643	\$434,358	\$0	\$878,920		\$831,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$119,322	\$0	\$0	\$0	\$0	\$8,589	\$137,652		(\$26,919)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$30,355)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$60,320		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,517
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,616,472	\$2,821,644	\$0	\$475,643	\$434,358	\$8,589	\$986,217	\$60,320	\$804,184	\$25,517
8	Total Nursing Facility Days As Filed Days = 19,681	FY19 Audited C/R Days	19,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,611		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.16	\$143.37	\$0.00	\$24.17	\$22.51	(with L&H)	\$50.11	\$3.86	\$51.51	\$1.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6438								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.22	\$0.00	\$24.17	\$22.51		\$50.11	\$3.86	\$51.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.50	\$84.91	\$0.00	\$22.66	\$22.51		\$27.76	\$3.86	38.17 (FRV)	\$1.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$4.25	\$0.00	\$1.13	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.40	\$89.16	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5551								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.89	\$138.65	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$4.16	\$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	\$280.56	\$142.81	\$0.00	\$23.79	\$24.05	\$0.00	\$46.25	\$3.86	\$38.17	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Budd Terrace At Wesley Woods				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003167547A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3897	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		31.76%	2.5%	Quarterly Medicaid CMI:			1.2452	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		9.50	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2633	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,107,950	\$13,374,113	\$0	\$2,189,640	\$2,877,323	\$0	\$3,942,048		\$724,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$1,127,684)	\$0	\$0	\$0	\$0	\$0	(\$1,127,684)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$197,640)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,853		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$21,800,479	\$13,374,113	\$0	\$2,189,640	\$2,877,323	\$0	\$2,616,724	\$17,853	\$724,826	\$0
8	Total Nursing Facility Days As Filed Days = 70,754	FY19 Audited C/R Days	70,754									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								52,947		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.65	\$189.02	\$0.00	\$30.95	\$40.67	(with L&H)	\$36.98	\$0.34	\$13.69	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$136.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$136.02	\$0.00	\$30.95	\$40.67		\$36.98	\$0.34	\$13.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.64	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.34	15.12 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.70	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2633								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.18	\$112.64	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$6.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.48	\$118.84	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$0.34	\$15.12	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Meadows Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003167911A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7006	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		34.48%	2.5%	Quarterly Medicaid CMI:			1.6702	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.83	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7032	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,485,545	\$2,938,177	\$0	\$447,276	\$488,296	\$0	\$993,000		\$618,796	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$32,185	\$2,268	\$0	\$0	\$0	\$3,923	\$52,416		(\$26,422)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$39,520)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$78,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,580,528	\$2,940,445	\$0	\$447,276	\$488,296	\$3,923	\$1,005,896	\$78,000	\$592,374	\$24,318
8	Total Nursing Facility Days As Filed Days = 25,593	FY19 Audited C/R Days	25,593									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,663		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.52	\$114.89	\$0.00	\$17.48	\$19.23	(with L&H)	\$39.30	\$3.77	\$28.67	\$1.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7006								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$17.48	\$19.23		\$39.30	\$3.77	\$28.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.70	\$67.56	\$0.00	\$17.48	\$19.23		\$27.76	\$3.77	31.72 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.38	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.30	\$70.94	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7032								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.19	\$120.83	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.28	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.47	\$124.38	\$0.00	\$18.57	\$20.60	\$0.00	\$46.25	\$3.77	\$31.72	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.03									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$271.20									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$190.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 25.81% Nurse Hours per On-Site Day/Quality Incentive: 4.00		N/A 1.0% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5528 1.5345 1.5617	1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,004,059	\$1,509,748	\$0	\$328,330	\$382,139	\$0	\$495,920		\$287,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$24,124)	(\$4,167)	\$0	\$0	\$0	\$834	(\$2,273)		(\$18,518)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,947)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,517		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,008,320	\$1,505,581	\$0	\$328,330	\$382,139	\$834	\$438,700	\$61,517	\$269,404	\$21,815
8	Total Nursing Facility Days As Filed Days = 17,319	FY19 Audited C/R Days	17,319									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,852		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.79	\$86.93	\$0.00	\$18.96	\$22.11	(with L&H)	\$25.33	\$4.44	\$19.45	\$1.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5528								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.98								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.98	\$0.00	\$18.96	\$22.11		\$25.33	\$4.44	\$19.45	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.64	\$55.98	\$0.00	\$18.96	\$22.11		\$25.33	\$4.44	9.25 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.13	\$2.80	\$0.00	\$0.95	\$1.11	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.77	\$58.78	\$0.00	\$19.91	\$23.22	\$0.00	\$26.60	\$4.44	\$9.25	\$1.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5617								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.79	\$91.80	\$0.00	\$19.91	\$23.22	\$0.00	\$26.60	\$4.44	\$9.25	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.55	\$1.45	\$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	\$196.34	\$93.25	\$0.00	\$20.13	\$23.63	\$0.00	\$44.07	\$4.44	\$9.25	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.43									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$213.60									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Advanced Health And Rehab Of Twiggs County				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003185378A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4720	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		28.05%	1.0%	Quarterly Medicaid CMI:			1.4260	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.75	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4529	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,972,785	\$3,583,313	\$0	\$538,812	\$628,583	\$0	\$1,411,048		\$811,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$105,289)	\$0	\$0	\$0	\$0	\$0	(\$71,440)		(\$33,849)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$118,601		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,031,801	\$3,583,313	\$0	\$538,812	\$628,583	\$0	\$1,339,608	\$118,601	\$777,180	\$45,704
8	Total Nursing Facility Days As Filed Days = 36,097	FY19 Audited C/R Days	36,097									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.63	\$99.27	\$0.00	\$14.93	\$17.41	(with L&H)	\$37.11	\$3.39	\$22.21	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4720								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.44	\$0.00	\$14.93	\$17.41		\$37.11	\$3.39	\$22.21	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.29	\$67.44	\$0.00	\$14.93	\$17.41		\$27.76	\$3.39	16.05 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.37	\$0.00	\$0.75	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.67	\$70.81	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4529								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.74	\$102.88	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.29	\$1.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.03	\$104.44	\$0.00	\$15.90	\$18.69	\$0.00	\$46.25	\$3.39	\$16.05	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.70									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$245.37									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$171.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Archway Transitional Care Center Prvdr ID: 003185502A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 58.33% Nurse Hours per On-Site Day/Quality Incentive: 3.24		Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3912 Quarterly Medicaid CMI: 1.4925 Qtrly Mcaid CMI w RUG Wght Options: 1.5185				Facility Specific State-wide	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,908,980	\$3,935,265	\$0	\$488,775	\$676,397	\$0	\$973,709		\$834,834	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$145,021)	(\$52,434)	\$0	\$0	(\$670)	(\$3,901)	(\$13,464)		(\$74,552)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,900)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,351		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,550
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,884,960	\$3,882,831	\$0	\$488,775	\$675,727	(\$3,901)	\$907,345	\$105,351	\$760,282	\$68,550
8	Total Nursing Facility Days As Filed Days = 21,566	FY19 Audited C/R Days	30,212									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,882		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.31	\$128.52	\$0.00	\$16.18	\$22.24	(with L&H)	\$30.03	\$3.65	\$26.32	\$2.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3912								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$16.18	\$22.24		\$30.03	\$3.65	\$26.32	\$2.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$84.91	\$0.00	\$16.18	\$22.24		\$27.76	\$3.65	25.34 (FRV)	\$2.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.56	\$4.25	\$0.00	\$0.81	\$1.11	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.01	\$89.16	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5185								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.24	\$135.39	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.45	\$7.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$10.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.13	\$145.55	\$0.00	\$17.21	\$23.76	\$0.00	\$46.25	\$3.65	\$25.34	\$2.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Reliable Health and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 321026473A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4034	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		49.25%	5.5%	Quarterly Medicaid CMI:			1.6981	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7298	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$6,250,801	\$3,008,327	\$0	\$538,140	\$819,764	\$0	\$1,122,187		\$762,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$167,289)	\$0	\$0	\$0	\$1,545	\$0	(\$52,380)		(\$116,454)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$93,775
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,333,094	\$3,008,327	\$0	\$538,140	\$821,309	\$0	\$1,069,807	\$155,807	\$645,929	\$93,775
8	Total Nursing Facility Days As Filed Days = 34,451	FY19 Audited C/R Days	34,451									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,111		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.87	\$87.32	\$0.00	\$15.62	\$23.84	(with L&H)	\$31.05	\$5.75	\$23.83	\$3.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.22	\$0.00	\$15.62	\$23.84		\$31.05	\$5.75	\$23.83	\$3.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.53	\$62.22	\$0.00	\$15.62	\$23.84		\$27.76	\$5.75	11.88 (FRV)	\$3.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.11	\$0.00	\$0.78	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.00	\$65.33	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7298								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.68	\$113.01	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.92	\$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	\$226.33	\$116.93	\$0.00	\$16.62	\$25.44	\$0.00	\$46.25	\$5.75	\$11.88	\$3.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Glenwood Healthcare Prvdr ID: 701562744A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 13.16% Nurse Hours per On-Site Day/Quality Incentive: 2.80			<u>Facility Score</u> Add-on Percent 5.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4809 Quarterly Medicaid CMI: 1.5648 Qtrly Mcaid CMI w RUG Wght Options: 1.5944			<u>Facility Specific</u> 1.4809 1.5648 1.5944	<u>State-wide</u> 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$2,537,839	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$437,553		\$354,880	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$31,468)	\$0	\$0	\$0	\$0	\$0	(\$8,053)		(\$23,415)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,324)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,081		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,036
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,164	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$414,176	\$36,081	\$331,465	\$25,036
8	Total Nursing Facility Days As Filed Days = 16,964	FY19 Audited C/R Days	16,964									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.34	\$72.88	\$0.00	\$14.54	\$15.47	(with L&H)	\$24.41	\$2.30	\$21.14	\$1.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4809								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	\$21.14	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.91	\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	13.38 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.18	\$2.46	\$0.00	\$0.73	\$0.77	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.09	\$51.67	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5944								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.80	\$82.38	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.28	\$2.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.08	\$84.56	\$0.00	\$15.49	\$16.65	\$0.00	\$43.10	\$2.30	\$13.38	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

FINAL

Provider: Oceanside Health And Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003188970A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3145	1.4759
Case Mix Per Diem Rate Effective Date: 7/1/2021				Qtrly BIMS score		25.42%	1.0%	Quarterly Medicaid CMI:			1.8403	1.4983
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Nurse Hours per On-Site Day/Quality Incentive:		3.36	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8768	1.5246
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,585,044	\$2,367,150	\$0	\$316,400	\$548,093	\$0	\$711,124		\$642,277	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$139,939)	\$0	\$0	\$0	\$0	\$0	\$0		(\$139,939)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$89,356		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,641,137	\$2,367,150	\$0	\$316,400	\$548,093	\$0	\$711,124	\$89,356	\$502,338	\$106,676
8	Total Nursing Facility Days As Filed Days = 26,301	FY19 Audited C/R Days	26,301									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,106		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.14	\$90.00	\$0.00	\$12.03	\$20.84	(with L&H)	\$27.04	\$3.87	\$21.74	\$4.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3145								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	\$21.74	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.24	\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	17.37 (FRV)	\$4.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.41	\$3.42	\$0.00	\$0.60	\$1.04	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.65	\$71.89	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8768								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.68	\$134.92	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.98	\$1.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.66	\$136.80	\$0.00	\$12.85	\$22.29	\$0.00	\$45.86	\$3.87	\$17.37	\$4.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.92									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$238.60									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$166.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMeans, and T)

FINAL

Provider: Bostick Nursing Center Prvdr ID: 003192286A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 19.40% Nurse Hours per On-Site Day/Quality Incentive: 2.55		N/A 0.0% 3.0%	5.00% 0.0% 3.0%	Base Period Overall CMI: 1.0948 Quarterly Medicaid CMI: 1.1983 Qtrly Mcaid CMI w RUG Wght Options: 1.2170			1.0948 1.1983 1.2170	1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$8,497,921	\$3,666,183	\$0	\$866,497	\$930,473	\$0	\$1,205,894		\$1,828,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$296,136)	\$0	\$0	\$0	\$0	\$0	(\$3,346)		(\$292,790)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$55,233)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$82,202		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$288,409
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,517,163	\$3,666,183	\$0	\$866,497	\$930,473	\$0	\$1,147,315	\$82,202	\$1,536,084	\$288,409
8	Total Nursing Facility Days As Filed Days = 43,774	FY19 Audited C/R Days	43,774									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								77,249		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.68	\$83.75	\$0.00	\$19.79	\$21.26	(with L&H)	\$26.21	\$1.06	\$19.88	\$3.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.0948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	\$19.88	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.26	\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	20.71 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.19	\$3.83	\$0.00	\$0.99	\$1.06	\$0.00	\$1.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.45	\$80.33	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2170								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.88	\$97.76	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.44	\$101.22	\$0.00	\$21.00	\$22.73	\$0.00	\$44.99	\$1.06	\$20.71	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data (2021 GL/PL, RSMMeans, and T)

FINAL

<div> <div> Provider: GLEN EAGLE HEALTHCARE & REHAB (eff. 10/12/2018) Prvdr ID: 003214231A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 32.20% Nurse Hours per On-Site Day/Quality Incentive: 3.65 </div> <div> Facility Score Add-on Percent 5.00% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.7625 Quarterly Medicaid CMI: 1.6663 Qtrly Mcaid CMI w RUG Wght Options: 1.6981 </div> <div> Facility Specific 1.7625 1.6663 1.6981 </div> <div> State-wide 1.4759 1.5462 1.5738 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,251,562	\$642,763	\$0	\$125,936	\$177,522	\$0	\$270,606		\$34,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$24,499)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,499)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt								(\$18,799)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$140,604		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,343
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,384,211	\$642,763	\$0	\$125,936	\$177,522	\$0	\$251,807	\$140,604	\$10,236	\$35,343
8	Total Nursing Facility Days As Filed Days = 5,134	FY19 Audited C/R Days	5,134									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,855		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.88	\$125.20	\$0.00	\$24.53	\$34.58	(with L&H)	\$49.05	\$6.43	\$0.47	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7625								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.03	\$0.00	\$24.53	\$34.58		\$49.05	\$6.43	\$0.47	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.91	\$71.03	\$0.00	\$22.66	\$25.85		\$27.76	\$6.43	14.56 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.27	\$74.58	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6981								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.33	\$126.64	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.33	\$6.23	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.66	\$132.87	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$6.43	\$14.56	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.67									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 003245344A			Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			Use Stwd	1.4759
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/21			BIMS:	0.0%	Quarterly Medicaid CMI:			1.5462	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 03/31/21			Nurse Hours per On-Site Day/Quality Incentive:			0.00	0.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5738	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs										\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt										0		
Standard Per Diem (After CMA for Routine Srvcs)												
<u>Allowed @ 90% of Std</u>												
Growth Allowance 5.00%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% to Routine Srvcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY19 Cost Report Data

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Provider: Pruitthealth - Rome Prvdr ID: 299031876A				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: 7/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 03/31/21				Growth Allowance: N/A Qtrly BIMS score 38.98% Nurse Hours per On-Site Day/Quality Incentive: 4.85		N/A 2.5% 5.0%	5.00% 2.5% 5.0%	Base Period Overall CMI: 1.5421 Quarterly Medicaid CMI: 1.4432 Qtrly Mcaid CMI w RUG Wght Options: 1.4664			1.4759 1.4983 1.5246	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 FY19 C/R - FY19 GL/PL Rpt	\$5,951,410	\$3,114,985	\$0	\$487,437	\$722,341	\$0	\$936,222		\$690,425	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$76,554)	(\$59,642)	\$0	\$0	(\$7,424)	(\$9,670)	\$35,588		(\$35,406)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,379)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$401,671		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,264
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,127,412	\$3,055,343	\$0	\$487,437	\$714,917	(\$9,670)	\$782,431	\$401,671	\$655,019	\$40,264
8	Total Nursing Facility Days As Filed Days = 33,941	FY19 Audited C/R Days	33,941									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.85	\$90.02	\$0.00	\$14.36	\$20.78	(with L&H)	\$23.05	\$13.05	\$21.28	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5421								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	\$21.28	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.33	\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	23.40 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.83	\$2.92	\$0.00	\$0.72	\$1.04	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.16	\$61.30	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$23.40	\$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4664								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.75	\$89.89	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$23.40	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.02	\$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	\$211.87	\$94.91	\$0.00	\$15.30	\$22.23	\$0.00	\$41.67	\$13.05	\$23.40	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.08									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$221.71									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$153.46									