

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: <b>Park Place Nursing Facility</b>  Prvdr ID: <b>00002164A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/21</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 27.37%  Nurse Hours per On-Site Day/Quality Incentive: 3.25 </div> <div> Facility Score: N/A  Add-on Percent: 5.00%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3883  Quarterly Medicaid CMI: 1.3466  Qtrly Mcaid CMI w RUG Wght Options: 1.3685 </div> <div> Facility Specific: 1.3883  1.3466  1.3685 </div> <div> State-wide: 1.4759  1.5345  1.5617 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$388,128)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 57,550	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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.3883</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 5.00%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3685</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.39	\$91.47	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$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	\$22.28	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.67</b>	<b>\$95.65</b>	<b>\$0.00</b>	<b>\$22.97</b>	<b>\$19.54</b>	<b>\$0.00</b>	<b>\$34.67</b>	<b>\$11.33</b>	<b>\$14.11</b>	<b>\$2.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.68</b>									

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

**FINAL**

Provider: <b>Newnan Hosp. Health &amp; Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040719A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4665	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>		Qtrly BIMS score		34.55%	2.5%	Quarterly Medicaid CMI:			1.5455	1.5345
				Nurse Hours per On-Site Day/Quality Incentive:		3.63	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5719	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$53,857)	\$0	\$0	\$0	\$0	\$574	(\$39,290)		(\$15,141)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$55,055)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$108,160		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,861
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4665</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5719</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.66	\$123.25	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.47</b>	<b>\$129.33</b>	<b>\$0.00</b>	<b>\$18.55</b>	<b>\$20.48</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.51</b>	<b>\$13.65</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.28</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Riverview Health &amp; Rehab Ctr</b> Prvdr ID: <b>00040741A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 21.6% Nurse Hours per On-Site Day/Quality Incentive: 3.20		Facility Score: N/A Add-on Percent: 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3702 Quarterly Medicaid CMI: 1.3674 Qtrly Mcaid CMI w RUG Wght Options: 1.3897				Facility Specific: 1.3702 1.3674 1.3897	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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				<b>1.3897</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$117.70								
Quarterly Medicaid CMA Allowed Per Diem			\$232.06	\$117.70		\$22.61	\$25.79		\$27.69	4.19	\$32.11	\$1.98
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% to Routine Srvs)			\$1.18	\$1.18								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.35	\$2.35								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$20.63									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$252.69</b>	<b>\$121.23</b>		<b>\$22.61</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$4.19</b>	<b>\$32.11</b>	<b>\$1.98</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$176.69</b>										

\* 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

FINAL

Provider: <b>William Breman Jewish Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040752A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3532	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.2048	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		6.17	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2203	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$42,978)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$137,727		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,888
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.3532</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.2203</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.16	\$108.80	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.98	\$5.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.43	\$10.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.59</b>	<b>\$119.13</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.31</b>	<b>\$28.55</b>	<b>\$1.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.87</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$289.15</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$204.04</b>									

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

**FINAL**

Provider: <b>Bell-Minor Home, Inc.</b> Prvdr ID: <b>00059397A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 40.00% Nurse Hours per On-Site Day/Quality Incentive: 2.87		<u>Facility Score</u> N/A 40.00% 2.87	<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: 1.6109 Qtrly Mcaid CMI w RUG Wght Options: 1.6432			<u>Facility Specific</u> 1.5590 1.6109 1.6432	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$63,865)	\$0	\$0	\$0	(\$1,180)	\$0	(\$3,017)		(\$59,668)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$153,726)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5590</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 5.00%	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		<b>1.6432</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.90	\$88.55	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.26
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.03</b>	<b>\$93.95</b>	<b>\$0.00</b>	<b>\$18.26</b>	<b>\$17.24</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.30</b>	<b>\$13.77</b>	<b>\$2.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.45</b>									



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

**FINAL**

Provider: <b>Azalea Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059441A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6174	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			1.8239	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8599	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$3,555)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6174</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8599</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.17	\$111.28	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.78	\$2.78								
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	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.55</b>	<b>\$117.93</b>	<b>\$0.00</b>	<b>\$20.28</b>	<b>\$20.00</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.27</b>	<b>\$13.95</b>	<b>\$1.87</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.59</b>									

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

**FINAL**

Provider: <b>Decatur Health and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059452A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5606	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.5292	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5569	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$3,258)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5606</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.33								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5569</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.61	\$105.17	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.08</b>	<b>\$109.91</b>	<b>\$0.00</b>	<b>\$17.69</b>	<b>\$17.32</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$11.14</b>	<b>\$12.73</b>	<b>\$3.04</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.74</b>									

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

**FINAL**

Provider: <b>PruittHealth - Augusta</b>				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00059463A</b>				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4463	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score			20.34%	1.0%	Quarterly Medicaid CMI:			1.5501	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:			3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5782	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,679)				
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4463</b>									
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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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		<b>1.5782</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.59	\$116.57	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.42	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.26		\$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	\$3.50	\$3.50									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.36	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.78</b>	<b>\$121.77</b>	<b>\$0.00</b>	<b>\$17.87</b>	<b>\$24.50</b>	<b>\$0.00</b>	<b>\$46.15</b>	<b>\$15.84</b>	<b>\$11.29</b>	<b>\$1.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.26</b>										



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

**FINAL**

Provider: <b>Bolingreen Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00059485A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5496	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.62%	2.5%	Quarterly Medicaid CMI:			1.5875	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6159	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$89,623)	\$0	\$0	\$0	(\$783)	(\$4,420)	(\$71,984)		(\$12,436)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$63,960)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5496</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.32								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6159</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.82	\$109.14	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.73	\$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	\$24.53	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.35</b>	<b>\$115.67</b>	<b>\$0.00</b>	<b>\$17.69</b>	<b>\$20.82</b>	<b>\$0.00</b>	<b>\$46.14</b>	<b>\$5.04</b>	<b>\$10.50</b>	<b>\$0.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.44</b>									

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

**FINAL**

Provider: <b>Brown Health and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059562A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4694	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.6233	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6522	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,094)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4694</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.80								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6522</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.15	\$115.89	\$0.00	\$20.31	\$27.14	\$0.00	\$29.15	\$3.72	\$19.03	\$0.91
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$24.23	\$6.91	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.38</b>	<b>\$122.80</b>	<b>\$0.00</b>	<b>\$20.53</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.72</b>	<b>\$19.03</b>	<b>\$0.91</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.46</b>									

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

FINAL

Provider: <b>Carrollton Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059661A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5993	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.6396	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.56	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6701	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$14,319)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5993</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6701</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.47	\$105.12	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.93</b>	<b>\$109.85</b>	<b>\$0.00</b>	<b>\$21.40</b>	<b>\$18.65</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.47</b>	<b>\$8.64</b>	<b>\$1.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.37</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$216.51</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$149.56</b>									

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

**FINAL**

Provider: <b>Chaplinwood Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059694A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2675	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.69%	1.0%	Quarterly Medicaid CMI:			1.4886	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5153	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$53,170)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2675</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5153</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.54	\$107.51	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
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	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.48</b>	<b>\$112.35</b>	<b>\$0.00</b>	<b>\$16.50</b>	<b>\$21.15</b>	<b>\$0.00</b>	<b>\$42.52</b>	<b>\$4.09</b>	<b>\$11.73</b>	<b>\$1.14</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.29</b>									



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

**FINAL**

Provider: <b>Cordele Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059892A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5417	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.05%	1.0%	Quarterly Medicaid CMI:			1.7341	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.48	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7668	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$4,021)	\$0	\$0	\$0	\$0	\$0	\$0		(\$4,021)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$36,555)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5417</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7668</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.50	\$157.53	\$0.00	\$24.14	\$25.01	\$0.00	\$29.15	\$2.57	\$9.67	\$0.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.54</b>	<b>\$163.84</b>	<b>\$0.00</b>	<b>\$24.36</b>	<b>\$25.42</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.57</b>	<b>\$9.67</b>	<b>\$0.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.58</b>									



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

FINAL

Provider: <b>Dublinair Health &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00059947A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5512	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.84%	2.5%	Quarterly Medicaid CMI:			1.5281	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5546	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$58,972)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5512</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.87								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5546</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.81	\$73.24	\$0.00	\$16.74	\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.83	\$1.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$158.47</b>	<b>\$77.80</b>	<b>\$0.00</b>	<b>\$16.96</b>	<b>\$16.67</b>	<b>\$0.00</b>	<b>\$35.80</b>	<b>\$0.00</b>	<b>\$9.40</b>	<b>\$1.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$106.03</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$182.40</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$123.98</b>									

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

**FINAL**

Provider: <b>River Towne Center</b> Prvdr ID: <b>00082684A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 41.35% Nurse Hours per On-Site Day/Quality Incentive: 3.05			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7114 Quarterly Medicaid CMI: 1.6936 Qtrly Mcaid CMI w RUG Wght Options: 1.7248			<u>Facility Specific</u> 1.7114 1.6936 1.7248	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$165,644)	(\$90,765)	\$0	\$0	(\$10,865)	(\$15,679)	\$24,040		(\$72,375)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$121,092)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7114</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.7248</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.47	\$84.50	\$0.00	\$15.55	\$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.80
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.53</b>	<b>\$88.83</b>	<b>\$0.00</b>	<b>\$15.77</b>	<b>\$14.53</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.06</b>	<b>\$8.29</b>	<b>\$1.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.57</b>									

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

**FINAL**

Provider: <b>Heardmont Nursing Home</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00082981A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4476	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.71%	2.5%	Quarterly Medicaid CMI:			1.6894	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.48	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7212	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$16,551)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,551)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$18,827)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4476</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7212</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.82	\$102.15	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.07	\$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	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.02	\$1.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.42	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.56</b>	<b>\$106.25</b>	<b>\$0.00</b>	<b>\$19.87</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.12</b>	<b>\$0.00</b>	<b>\$9.01</b>	<b>\$1.17</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.35</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Autumn Lane</b> Prvdr ID: <b>00082992A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 29.0% Nurse Hours per On-Site Day/Quality Incentive: 3.79		Facility Score: N/A 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: 1.3437 Qtrly Mcaid CMI w RUG Wght Options: 1.3675				Facility Specific: 1.4664 1.3437 1.3675	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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				<b>1.3675</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$115.82								
Quarterly Medicaid CMA Allowed Per Diem			\$240.88	\$115.82		\$22.61	\$25.79		\$27.69	3.40	\$36.39	\$9.19
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% to Routine Srvs)			\$1.16	\$1.16								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.47	\$3.47								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$21.73									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$262.61</b>	<b>\$120.45</b>		<b>\$22.61</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$3.40</b>	<b>\$36.39</b>	<b>\$9.19</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$184.14</b>										

\* 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: <b>Tower Road Healthcare</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083003A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7321	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.61%	1.0%	Quarterly Medicaid CMI:			1.8507	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.47	1.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.8871	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$92,579)	\$0	\$0	\$0	(\$5,306)	(\$5,474)	(\$3,287)		(\$78,512)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$130,382)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.7321</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.56								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8871</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.89	\$137.83	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (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	\$21.02	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.91</b>	<b>\$141.12</b>	<b>\$0.00</b>	<b>\$18.31</b>	<b>\$16.23</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.52</b>	<b>\$11.33</b>	<b>\$2.15</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.36</b>									



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

**FINAL**

Provider: <b>Green Acres Health &amp; Rehab</b> Prvdr ID: <b>00083014A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hours per On-Site Day/Quality Incentive: 3.08			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4069 Quarterly Medicaid CMI: 1.5335 Qtrly Mcaid CMI w RUG Wght Options: 1.5617			<u>Facility Specific</u> 1.4069 1.5335 1.5617	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$103,217)	\$0	\$0	\$0	\$0	(\$5,581)	(\$66,642)		(\$30,994)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,130)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	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 Adjstmt 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		<b>1.4069</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.92								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5617</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.58	\$101.54	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.80</b>	<b>\$107.66</b>	<b>\$0.00</b>	<b>\$18.84</b>	<b>\$22.03</b>	<b>\$0.00</b>	<b>\$44.59</b>	<b>\$4.08</b>	<b>\$11.35</b>	<b>\$1.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.53</b>									

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

**FINAL**

Provider: <b>Abercorn Rehabilitation Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083025A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.10%	5.5%	Quarterly Medicaid CMI:			1.7212	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7540	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$151,471)	(\$13,997)	\$0	(\$1,598)	\$0	\$1,598	(\$60,625)		(\$76,849)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$156,233)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5557</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.64								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7540</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.94	\$98.79	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$5.43	\$5.43								
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	\$26.65	\$8.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.59</b>	<b>\$107.71</b>	<b>\$0.00</b>	<b>\$18.63</b>	<b>\$19.22</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$8.46</b>	<b>\$11.46</b>	<b>\$2.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.12</b>									

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

FINAL

Provider: <b>The Center for Advanced Rehab @ Parkside</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083102A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7481	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.88%	1.0%	Quarterly Medicaid CMI:			1.9609	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9989	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$146,115)	(\$4,295)	\$0	\$0	(\$5,419)	(\$1,570)	(\$30,534)		(\$104,297)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$119,631)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$77,384		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.7481</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9989</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.94	\$126.27	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.25</b>	<b>\$131.85</b>	<b>\$0.00</b>	<b>\$20.98</b>	<b>\$19.27</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.80</b>	<b>\$23.21</b>	<b>\$3.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.61</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$262.32</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$183.92</b>									

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

**FINAL**

Provider: <b>Magnolia Manor Columbus West</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083124A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5930	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.25%	2.5%	Quarterly Medicaid CMI:			1.6582	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.55	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6908	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$118,684)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5930</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.86								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6908</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.07	\$106.27	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.61</b>	<b>\$113.71</b>	<b>\$0.00</b>	<b>\$20.04</b>	<b>\$19.87</b>	<b>\$0.00</b>	<b>\$41.77</b>	<b>\$6.53</b>	<b>\$11.66</b>	<b>\$1.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.13</b>									



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

FINAL

Provider: <b>Pinehill Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083135A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4503	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.13%	1.0%	Quarterly Medicaid CMI:			1.6025	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.85	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6332	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$28,318)	\$0	\$0	\$0	\$0	\$0	(\$10,210)		(\$18,108)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$59,088)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$62,786		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,628
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4503</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.16								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6332</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.67	\$84.31	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
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	\$22.00	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.67</b>	<b>\$88.21</b>	<b>\$0.00</b>	<b>\$13.50</b>	<b>\$15.90</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$2.35</b>	<b>\$9.90</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.18</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$198.91</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$136.36</b>									



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

**FINAL**

Provider: <b>National Health Care of Rossville</b> Prvdr ID: <b>00083146A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.87% Nurse Hours per On-Site Day/Quality Incentive: 3.44			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2108 Quarterly Medicaid CMI: 1.2610 Qtrly Mcaid CMI w RUG Wght Options: 1.2803			Facility Specific State-wide	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2108</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2803</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.90	\$100.22	\$0.00	\$18.47	\$16.50	\$0.00	\$29.15	\$5.06	\$10.71	\$1.79
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
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	\$22.27	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.17</b>	<b>\$104.76</b>	<b>\$0.00</b>	<b>\$18.69</b>	<b>\$16.91</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.06</b>	<b>\$10.71</b>	<b>\$1.79</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.30</b>									

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

**FINAL**

Provider: <b>A.G. Rhodes Home, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140005A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5373	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		51.65%	5.5%	Quarterly Medicaid CMI:			1.8305	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.39	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8665	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$181,680)	(\$159,304)	\$0	\$0	\$0	\$0	\$0		(\$22,376)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$153,848)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5373</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.43								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8665</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.86	\$153.71	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$8.45	\$8.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$4.61	\$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.69	\$13.59	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$288.55</b>	<b>\$167.30</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.29</b>	<b>\$19.21</b>	<b>\$0.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$203.59</b>									

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

**FINAL**

Provider: <b>Altamaha Healthcare Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140027A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3866	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.4551	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4782	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$15,887)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3866</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4782</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.93	\$78.14	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.68</b>	<b>\$81.79</b>	<b>\$0.00</b>	<b>\$15.22</b>	<b>\$16.66</b>	<b>\$0.00</b>	<b>\$44.00</b>	<b>\$2.04</b>	<b>\$8.74</b>	<b>\$1.23</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.44</b>									

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

**FINAL**

Provider: <b>PruittHealth-Greenville</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140038A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1955	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		22.00%	1.0%	Quarterly Medicaid CMI:			1.2403	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2634	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$65,529)	(\$53,599)	\$0	\$0	\$2,852	(\$37,710)	\$69,173		(\$46,245)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$214,172)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.1955</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2634</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.13	\$77.76	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.87</b>	<b>\$81.40</b>	<b>\$0.00</b>	<b>\$12.76</b>	<b>\$19.26</b>	<b>\$0.00</b>	<b>\$38.44</b>	<b>\$19.50</b>	<b>\$11.05</b>	<b>\$1.46</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.08</b>									



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

**FINAL**

Provider: <b>Amara Healthcare &amp; Rehab.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140049A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3601	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.69%	1.0%	Quarterly Medicaid CMI:			1.5336	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5594	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$126,936)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.3601</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5594</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.56	\$125.95	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.23</b>	<b>\$131.52</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$23.46</b>	<b>\$0.00</b>	<b>\$38.49</b>	<b>\$4.86</b>	<b>\$11.00</b>	<b>\$0.54</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.85</b>									



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

FINAL

Provider: <b>East Lake Arbor</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140137A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4000	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.63%	1.0%	Quarterly Medicaid CMI:			1.9661	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.54	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0052	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$22,304)	\$0	\$0	\$0	\$0	\$713	\$0		(\$23,017)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$83,621)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$239,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4000</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.88								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>2.0052</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.06	\$130.28	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$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	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.60</b>	<b>\$134.72</b>	<b>\$0.00</b>	<b>\$16.44</b>	<b>\$15.83</b>	<b>\$0.00</b>	<b>\$39.12</b>	<b>\$8.33</b>	<b>\$10.40</b>	<b>\$2.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.88</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$230.78</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$160.26</b>									

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

FINAL

Provider: <b>Autumn Breeze Health Care Ctr</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140159A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3867	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.80%	2.5%	Quarterly Medicaid CMI:			1.5691	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.77	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6000	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$75,483)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$156,834		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3867</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.01								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6000</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.12	\$87.38	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.55</b>	<b>\$92.71</b>	<b>\$0.00</b>	<b>\$15.66</b>	<b>\$17.69</b>	<b>\$0.00</b>	<b>\$41.36</b>	<b>\$5.34</b>	<b>\$10.04</b>	<b>\$1.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.59</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$198.04</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$135.71</b>									

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

FINAL

Provider: <b>The Oaks of Carrollton</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140181A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5062	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		11.11%	0.0%	Quarterly Medicaid CMI:			1.4929	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.30	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5181	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$59,064)	(\$26,480)	\$0	\$0	\$0	\$0	\$18,449		(\$51,033)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$79,883)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$181,684		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5062</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.84								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5181</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.13	\$111.32	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.08	\$2.76	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.21</b>	<b>\$114.08</b>	<b>\$0.00</b>	<b>\$18.22</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.34</b>	<b>\$23.40</b>	<b>\$4.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.08</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$250.43</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$175.00</b>									

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

**FINAL**

Provider: <b>Baptist Village, Inc.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140203A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3959	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.26%	2.5%	Quarterly Medicaid CMI:			1.4274	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4534	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$115,446)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3959</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.4534</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.13	\$121.71	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$7.63	\$7.22	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.76</b>	<b>\$128.93</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$26.61</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$2.74</b>	<b>\$19.40</b>	<b>\$1.14</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.82</b>									



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

**FINAL**

Provider: <b>The Oaks - Bethany (Vidalia)</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140258A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4628	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5411	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5682	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$318,446)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4628</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5682</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.70	\$98.28	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.74</b>	<b>\$104.22</b>	<b>\$0.00</b>	<b>\$15.77</b>	<b>\$19.16</b>	<b>\$0.00</b>	<b>\$38.02</b>	<b>\$18.90</b>	<b>\$14.27</b>	<b>\$1.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.98</b>									

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

**FINAL**

Provider: <b>PruittHealth - Millen</b> Prvdr ID: <b>00140269A</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 46.88% Nurse Hours per On-Site Day/Quality Incentive: 3.02	N/A 46.88% 3.02	5.00% 5.5% 4.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.5948 1.6264 1.6557	1.4759 1.5345 1.5617	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$194,143)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5948</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6557</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.59	\$95.50	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.25	\$5.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$27.70	\$9.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.29</b>	<b>\$105.10</b>	<b>\$0.00</b>	<b>\$16.57</b>	<b>\$18.77</b>	<b>\$0.00</b>	<b>\$42.30</b>	<b>\$17.76</b>	<b>\$14.42</b>	<b>\$1.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.39</b>									

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

**FINAL**

Provider: <b>Cumming Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140302A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6815	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		57.50%	5.5%	Quarterly Medicaid CMI:			1.3378	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3614	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$49,795)	\$0	\$0	\$0	(\$8,653)	(\$3,954)	(\$4,201)		(\$32,987)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$107,292)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6815</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3614</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.86	\$115.16	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$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	\$6.33	\$6.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.00	\$10.31	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.86</b>	<b>\$125.47</b>	<b>\$0.00</b>	<b>\$22.44</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$38.84</b>	<b>\$10.17</b>	<b>\$11.63</b>	<b>\$3.17</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.32</b>									

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

**FINAL**

Provider: <b>Riverside Healthcare Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140324A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3885	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.63%	2.5%	Quarterly Medicaid CMI:			1.5350	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5613	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$75,837)	\$0	\$0	\$0	\$0	\$0	(\$7,183)		(\$68,654)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$235,024)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3885</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5613</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.32	\$109.78	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$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	\$24.66	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.98</b>	<b>\$116.34</b>	<b>\$0.00</b>	<b>\$14.35</b>	<b>\$18.17</b>	<b>\$0.00</b>	<b>\$41.49</b>	<b>\$7.94</b>	<b>\$9.94</b>	<b>\$3.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.16</b>									



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

**FINAL**

Provider: <b>Anderson Mill Health &amp; Rehab</b> Prvdr ID: <b>00140379A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 23.86% Nurse Hours per On-Site Day/Quality Incentive: 3.25		<u>Facility Score</u> N/A	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7130 Quarterly Medicaid CMI: 1.7365 Qtrly Mcaid CMI w RUG Wght Options: 1.7682			<u>Facility Specific</u> 1.7130 1.7365 1.7682	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$736,373)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7130</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.7682</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.28	\$109.82	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$22.65	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.93</b>	<b>\$114.74</b>	<b>\$0.00</b>	<b>\$16.79</b>	<b>\$17.28</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.49</b>	<b>\$9.58</b>	<b>\$1.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.87</b>									

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

FINAL

Provider: <b>PruittHealth - Virginia Park</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140401A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5324	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5121	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.66	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5387	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$80,500)	(\$67,061)	\$0	\$0	\$10,260	\$17,524	\$21,448		(\$62,671)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$236,993)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$471,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.5324</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5387</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.26	\$114.97	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$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	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.06</b>	<b>\$120.67</b>	<b>\$0.00</b>	<b>\$18.53</b>	<b>\$25.01</b>	<b>\$0.00</b>	<b>\$43.12</b>	<b>\$13.01</b>	<b>\$11.59</b>	<b>\$2.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.72</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$239.41</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$166.73</b>									

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

FINAL

Provider: <b>Brightmoor Health Care, Inc.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140412A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5354	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.53%	2.5%	Quarterly Medicaid CMI:			1.5387	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.11	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5677	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$88,929)	\$0	\$0	(\$26,848)	\$38,728	\$44,400	(\$13,803)		(\$131,406)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$132,628)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$251,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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		<b>1.5354</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5677</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.34	\$114.35	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.82	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.63</b>	<b>\$121.17</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$41.77</b>	<b>\$7.36</b>	<b>\$20.30</b>	<b>\$4.10</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.40</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$246.43</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$172.00</b>									

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

**FINAL**

Provider: <b>Brown's Healthcare</b>				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140434A</b>				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4339	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score			29.17%	1.0%	Quarterly Medicaid CMI:			1.5399	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:			2.82	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5667	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$40,579)	\$0	\$0	\$0	(\$889)	\$0	(\$9,793)		(\$29,897)		
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$16,782)				
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4339</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79									
12	Net Per Diems after Case Mix Adjstmnt 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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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		<b>1.5667</b>									
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.36	\$73.68	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47									
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	\$20.84	\$2.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.20</b>	<b>\$76.42</b>	<b>\$0.00</b>	<b>\$15.51</b>	<b>\$16.78</b>	<b>\$0.00</b>	<b>\$43.14</b>	<b>\$2.15</b>	<b>\$13.14</b>	<b>\$1.06</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.33</b>										



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

**FINAL**

Provider: <b>Calhoun Health Care Center</b> Prvdr ID: <b>00140577A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.14% Nurse Hours per On-Site Day/Quality Incentive: 2.57		<u>Facility Score</u> N/A 37.14% 2.57	<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: 1.7680 Qtrly Mcaid CMI w RUG Wght Options: 1.8030			<u>Facility Specific</u> 1.3848 1.7680 1.8030	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$81,187)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3848</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.8030</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.86	\$103.65	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.92
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.78</b>	<b>\$108.84</b>	<b>\$0.00</b>	<b>\$17.50</b>	<b>\$19.92</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.03</b>	<b>\$9.32</b>	<b>\$2.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.26</b>									

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

FINAL

Provider: <b>Camellia Hlth &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140588A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4026	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.59%	2.5%	Quarterly Medicaid CMI:			1.4082	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4328	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$30,634)	\$1,500	\$0	\$0	\$1,371	(\$2,157)	(\$9,522)		(\$21,826)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$63,381)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$110,454		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4026</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.78								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4328</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.48	\$92.95	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
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	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.22</b>	<b>\$98.59</b>	<b>\$0.00</b>	<b>\$19.09</b>	<b>\$20.90</b>	<b>\$0.00</b>	<b>\$43.59</b>	<b>\$6.76</b>	<b>\$9.93</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.34</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$201.82</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$138.54</b>									

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

**FINAL**

Provider: <b>Fort Gaines Healthcare, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140599A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7914	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.9432	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.49	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9801	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$36,558)	(\$1,293)	\$0	\$0	\$0	(\$949)	\$0		(\$34,316)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$15,449)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7914</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9801</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.23	\$82.69	\$0.00	\$20.67	\$21.42	\$0.00	\$29.15	\$1.30	\$23.86	\$3.14
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$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	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.04</b>	<b>\$87.77</b>	<b>\$0.00</b>	<b>\$20.89</b>	<b>\$21.83</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.30</b>	<b>\$23.86</b>	<b>\$3.14</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.96</b>									

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

FINAL

Provider: <b>Harborview Health Systems - Thomaston</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140621A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4880	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.63%	1.0%	Quarterly Medicaid CMI:			1.5536	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.37	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5810	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$58,719)	\$0	\$0	\$0	(\$4,076)	(\$9,745)	(\$10,750)		(\$34,148)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$63,252)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$134,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,604
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4880</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5810</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.02	\$82.51	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$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	\$21.11	\$3.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$171.13</b>	<b>\$85.52</b>	<b>\$0.00</b>	<b>\$14.25</b>	<b>\$14.11</b>	<b>\$0.00</b>	<b>\$41.57</b>	<b>\$3.62</b>	<b>\$9.20</b>	<b>\$2.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.52</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$188.95</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$128.89</b>									



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

**FINAL**

Provider: <b>PruittHealth - Crestwood</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140764A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5217	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		54.55%	5.5%	Quarterly Medicaid CMI:			1.5145	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.29	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5444	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY19 C/R Audit Adjstmnts	(\$42,581)	(\$17,476)	\$0	\$0	\$0	\$0	\$5,750		(\$30,855)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$150,337)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$343,220		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,000
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	FY19 Audited C/R Days	26,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5217</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5444</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.75	\$92.66	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.10	\$5.10								
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	\$26.51	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.26</b>	<b>\$101.07</b>	<b>\$0.00</b>	<b>\$16.59</b>	<b>\$21.32</b>	<b>\$0.00</b>	<b>\$40.90</b>	<b>\$15.84</b>	<b>\$10.16</b>	<b>\$1.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.62</b>									

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				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140786A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3388	1.4759
Case Mix Per Diem Rate Effective Date: 10/1/2021				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.7634	1.5345
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7972	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	\$3,426,678	\$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 Case Mix Index 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7972								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.70	\$125.98	\$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	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.67	\$5.57	\$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	\$230.37	\$131.55	\$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	\$159.95									

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

**FINAL**

Provider: <b>Dawson Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140808A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4187	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.43%	2.5%	Quarterly Medicaid CMI:			1.4392	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4626	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$33,330)	\$0	\$0	\$0	\$0	(\$3,368)	(\$9,362)		(\$20,600)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$39,260)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4187</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4626</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.40	\$93.27	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.23</b>	<b>\$98.00</b>	<b>\$0.00</b>	<b>\$20.66</b>	<b>\$20.03</b>	<b>\$0.00</b>	<b>\$45.40</b>	<b>\$4.41</b>	<b>\$10.34</b>	<b>\$1.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.35</b>									

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

**FINAL**

Provider: <b>Carrollton Manor, Inc.</b> Prvdr ID: <b>00140852A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 47.95% Nurse Hours per On-Site Day/Quality Incentive: 3.31		<u>Facility Score</u> N/A 47.95% 3.31	<u>Add-on Percent</u> 5.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4751 Quarterly Medicaid CMI: 1.4063 Qtrly Mcaid CMI w RUG Wght Options: 1.4298			<u>Facility Specific</u> 1.4751 1.4063 1.4298	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$54,752)	(\$12,648)	\$0	\$0	\$0	\$0	\$9,767		(\$51,871)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$107,328)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4751</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.4298</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.63	\$87.36	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.06
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.68</b>	<b>\$95.31</b>	<b>\$0.00</b>	<b>\$21.03</b>	<b>\$18.68</b>	<b>\$0.00</b>	<b>\$36.38</b>	<b>\$6.06</b>	<b>\$12.16</b>	<b>\$2.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.94</b>									



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

**FINAL**

Provider: <b>PruittHealth - Blue Ridge, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140973A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3381	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.00%	2.5%	Quarterly Medicaid CMI:			1.4183	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.24	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4427	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$191,593)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3381</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4427</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.56	\$115.59	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$23.42	\$5.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.98</b>	<b>\$121.32</b>	<b>\$0.00</b>	<b>\$16.96</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$43.24</b>	<b>\$19.18</b>	<b>\$9.72</b>	<b>\$1.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.41</b>									

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

**FINAL**

Provider: <b>Fifth Avenue Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140984A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3970	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.07%	2.5%	Quarterly Medicaid CMI:			1.7570	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7902	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$121,336)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3970</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7902</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.21	\$123.52	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	\$25.43	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.64</b>	<b>\$130.85</b>	<b>\$0.00</b>	<b>\$17.92</b>	<b>\$22.10</b>	<b>\$0.00</b>	<b>\$38.30</b>	<b>\$6.29</b>	<b>\$11.54</b>	<b>\$0.64</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.91</b>									

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

FINAL

Provider: <b>PruittHealth - Fitzgerald</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140995A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5265	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		16.36%	0.0%	Quarterly Medicaid CMI:			1.5440	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.62	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5731	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$40,413)	(\$27,360)	\$0	\$0	\$0	\$0	\$10,003		(\$23,056)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$148,110)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$337,481		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.5265</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5731</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.47	\$90.53	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>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	\$1.81	\$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	\$20.07	\$2.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.54</b>	<b>\$92.87</b>	<b>\$0.00</b>	<b>\$16.25</b>	<b>\$24.93</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$14.89</b>	<b>\$12.24</b>	<b>\$1.11</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.58</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$214.82</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$148.29</b>									

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

**FINAL**

Provider: <b>Folkston Park Care and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141006A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3744	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.43%	1.0%	Quarterly Medicaid CMI:			1.4197	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.81	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4438	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$35,794)	\$0	\$0	\$0	(\$761)	(\$858)	(\$11,084)		(\$23,091)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$21,746)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3744</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4438</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.58	\$87.57	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.26	\$3.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.84</b>	<b>\$90.73</b>	<b>\$0.00</b>	<b>\$14.44</b>	<b>\$16.41</b>	<b>\$0.00</b>	<b>\$39.79</b>	<b>\$2.04</b>	<b>\$9.49</b>	<b>\$0.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.56</b>									



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

**FINAL**

Provider: <b>Heritage Healthcare -Forsyth, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141017A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4546	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		22.50%	1.0%	Quarterly Medicaid CMI:			1.3826	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4065	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$136,579)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4546</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4065</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.81	\$82.76	\$0.00	\$15.12	\$20.75	\$0.00	\$24.26	\$17.60	\$9.23	\$1.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$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	\$21.94	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.75</b>	<b>\$86.60</b>	<b>\$0.00</b>	<b>\$15.34</b>	<b>\$21.16</b>	<b>\$0.00</b>	<b>\$41.73</b>	<b>\$17.60</b>	<b>\$9.23</b>	<b>\$1.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.74</b>									

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

**FINAL**

Provider: <b>Fort Valley Nursing Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141028A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6658	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.02%	2.5%	Quarterly Medicaid CMI:			1.9034	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9415	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$35,604)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6658</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9415</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.91	\$110.84	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
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	\$24.36	\$6.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.27</b>	<b>\$117.47</b>	<b>\$0.00</b>	<b>\$15.33</b>	<b>\$16.99</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.95</b>	<b>\$9.87</b>	<b>\$2.41</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.88</b>									

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

**FINAL**

Provider: <b>PruittHealth - Franklin, Inc</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141039A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4468	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.29%	2.5%	Quarterly Medicaid CMI:			1.4313	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4578	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$66,229)	(\$101,110)	\$0	\$0	\$0	\$0	\$54,724		(\$19,843)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$148,442)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4468</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.37								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4578</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.11	\$78.63	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$1.97	\$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
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	\$22.59	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.70</b>	<b>\$83.49</b>	<b>\$0.00</b>	<b>\$14.78</b>	<b>\$18.21</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.07</b>	<b>\$11.13</b>	<b>\$0.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.45</b>									

FINAL

FISCAL YEAR ENDING JUNE 30, 2019 with 2021 P&amp;R AND T&amp;E

[illegible]



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

**FINAL**

Provider: <b>New Horizons Lanier Park</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141072A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2946	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.61%	1.0%	Quarterly Medicaid CMI:			1.2948	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.73	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3118	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$20,556)	(\$2,888)	\$0	\$0	\$0	\$7,010	(\$4,122)		(\$20,556)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$65,668)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.2946</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3118</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.37	\$116.96	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$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	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.61	\$3.51	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.98</b>	<b>\$120.47</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.21</b>	<b>\$22.15</b>	<b>\$0.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.91</b>									

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

**FINAL**

Provider: <b>Douglasville Nursing and Rehab Ctr.</b> Prvdr ID: <b>00141083A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 40.66% Nurse Hours per On-Site Day/Quality Incentive: 3.69		N/A 2.5% 3.69	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.4894 Quarterly Medicaid CMI: 1.6833 Qtrtrly Mcaid CMI w RUG Wght Options: 1.7155			1.4894 1.6833 1.7155	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$169,963)	(\$29,082)	\$0	(\$3,627)	(\$18,308)	(\$59,527)	\$51,176		(\$110,595)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$53,514)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4894</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7155</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.87	\$125.56	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
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	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.41</b>	<b>\$133.00</b>	<b>\$0.00</b>	<b>\$17.57</b>	<b>\$16.20</b>	<b>\$0.00</b>	<b>\$42.84</b>	<b>\$2.28</b>	<b>\$13.70</b>	<b>\$1.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.73</b>									

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

FINAL

Provider: <b>Early Memorial Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140874A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0753	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.62%	1.0%	Quarterly Medicaid CMI:			1.2873	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.09	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3057	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$2,858)	(\$112,270)	\$0	(\$89,814)	(\$1,820)	\$0	\$89,467		\$111,579	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$46,907		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.0753</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3057</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.34	\$79.14	\$0.00	\$25.87	\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
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	\$21.79	\$3.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.13</b>	<b>\$82.83</b>	<b>\$0.00</b>	<b>\$26.09</b>	<b>\$9.32</b>	<b>\$0.00</b>	<b>\$43.81</b>	<b>\$1.48</b>	<b>\$10.60</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.77</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$206.82</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$142.29</b>									

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

**FINAL**

Provider: <b>Eastview Nursing Home</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140885A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5544	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.68%	2.5%	Quarterly Medicaid CMI:			1.5721	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6022	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$91,210)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5544</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6022</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.43	\$83.19	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.64</b>	<b>\$88.30</b>	<b>\$0.00</b>	<b>\$17.79</b>	<b>\$20.54</b>	<b>\$0.00</b>	<b>\$37.32</b>	<b>\$5.05</b>	<b>\$8.97</b>	<b>\$2.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.66</b>									



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

**FINAL**

Provider: <b>Effingham Extended Care Facility</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140907A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2717	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.16%	2.5%	Quarterly Medicaid CMI:			1.3664	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.58	7.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3874	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$60,424)	\$0	\$0	\$0	\$0	\$0	\$0		(\$60,424)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$133,014)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2717</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3874</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.71	\$123.70	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.66	\$8.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.07	\$11.75	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.78</b>	<b>\$135.45</b>	<b>\$0.00</b>	<b>\$33.11</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.00</b>	<b>\$11.88</b>	<b>\$0.95</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.26</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Southern Pines Nursing Home</b> Prvdr ID: <b>00140918A</b> H/B ?: No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 38.9% Nurse Hours per On-Site Day/Quality Incentive: 3.98		Facility Score: N/A Add-on Percent: 5.00% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.7362 Quarterly Medicaid CMI: 1.8227 Qtrly Mcaid CMI w RUG Wght Options: 1.8583				Facility Specific: 1.7362 1.8227 1.8583	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 92,553		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								16,384		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$36.42	\$5.70
<u>Allowed @ 95% of Std</u>			\$195.24	\$80.66		\$21.53	\$24.56		\$26.37		\$36.42	\$5.70
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$208.54	\$84.69		\$22.61	\$25.79		\$27.69	\$ 5.65	\$36.42	\$5.70
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.8583</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$157.39								
Quarterly Medicaid CMA Allowed Per Diem			\$279.78	\$157.39		\$22.61	\$25.79		\$27.69	4.19	\$36.42	\$5.70
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% to Routine Srvs)			\$3.93	\$3.93								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.72	\$4.72								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$25.76									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$305.53</b>	<b>\$166.04</b>		<b>\$22.61</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$4.19</b>	<b>\$36.42</b>	<b>\$5.70</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$216.33</b>										

\* 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				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2469	1.4759
Case Mix Per Diem Rate Effective Date: 10/1/2021				Qtrly BIMS score		32.43%	2.5%	Quarterly Medicaid CMI:			1.2259	1.5345
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2467	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Adjstmts	(\$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 Adjstmt 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 Adjstmt 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		1.2467								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.70	\$111.16	\$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	\$2.78	\$2.78								
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	\$23.43	\$6.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.13	\$117.27	\$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	\$168.02									

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

**FINAL**

Provider: <b>Brian Center of Canton</b> Prvdr ID: <b>00140643A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.72		<u>Facility Score</u> N/A 25.00% 3.72	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5782 Quarterly Medicaid CMI: 1.6867 Qtrly Mcaid CMI w RUG Wght Options: 1.7169			<u>Facility Specific</u> 1.5782 1.6867 1.7169	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$40,872)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5782</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.7169</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.69	\$114.40	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.03
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$21.69	\$3.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.38</b>	<b>\$118.36</b>	<b>\$0.00</b>	<b>\$15.04</b>	<b>\$17.03</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.57</b>	<b>\$14.10</b>	<b>\$2.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.46</b>									



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

FINAL

Provider: <b>College Park Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140654A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3921	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.30%	2.5%	Quarterly Medicaid CMI:			1.4820	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.45	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5113	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$37,707)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$81,875
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.3921</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.38								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5113</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.07	\$81.53	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.82	\$0.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.49	\$3.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.56</b>	<b>\$84.92</b>	<b>\$0.00</b>	<b>\$18.33</b>	<b>\$17.99</b>	<b>\$0.00</b>	<b>\$40.74</b>	<b>\$0.00</b>	<b>\$8.63</b>	<b>\$2.95</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.35</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$183.06</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$124.47</b>									

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

**FINAL**

Provider: <b>Life Care Center, Inc.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140665A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3984	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.56%	2.5%	Quarterly Medicaid CMI:			1.3536	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.91	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3773	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$91,871)	\$0	\$0	\$0	\$0	\$0	(\$18,553)		(\$73,318)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$43,608)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3984</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3773</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.33	\$71.88	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.44	\$1.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$162.20</b>	<b>\$75.65</b>	<b>\$0.00</b>	<b>\$12.25</b>	<b>\$17.79</b>	<b>\$0.00</b>	<b>\$36.78</b>	<b>\$2.65</b>	<b>\$14.93</b>	<b>\$2.15</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$108.83</b>									

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

**FINAL**

Provider: <b>PruittHealth - Eastside</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140687A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3851	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.40%	1.0%	Quarterly Medicaid CMI:			1.5247	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.40	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5523	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$170,600)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3851</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5523</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.04	\$115.96	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
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	\$22.11	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.15</b>	<b>\$119.97</b>	<b>\$0.00</b>	<b>\$16.67</b>	<b>\$23.80</b>	<b>\$0.00</b>	<b>\$42.50</b>	<b>\$13.83</b>	<b>\$12.57</b>	<b>\$1.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.54</b>									

FISCAL YEAR ENDING JUNE 30, 2019 with Audited 2021 P&amp;R and T&amp;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: <b>Rome Health and Rehab</b> Prvdr ID: <b>00140753A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 27.08% Nurse Hours per On-Site Day/Quality Incentive: 3.48		N/A 27.08% 3.48	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.6948 1.6666 1.6958	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$3,567)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6948</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6958</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.38	\$100.00	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.64</b>	<b>\$104.53</b>	<b>\$0.00</b>	<b>\$17.64</b>	<b>\$17.60</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.16</b>	<b>\$14.64</b>	<b>\$0.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.41</b>									

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

**FINAL**

Provider: <b>PruittHealth - Lanier</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140456A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5603	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5090	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.25	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5350	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$82,123)	(\$34,980)	\$0	\$0	(\$2,569)	(\$3,668)	\$2,006		(\$42,912)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$221,034)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5603</b>								
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	\$16.48	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5350</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.75	\$96.78	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.33</b>	<b>\$102.63</b>	<b>\$0.00</b>	<b>\$17.52</b>	<b>\$21.50</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$23.50</b>	<b>\$8.31</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.17</b>									

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

**FINAL**

Provider: <b>Church Home Rehab &amp; Healthcare</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140467A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5216	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.13%	1.0%	Quarterly Medicaid CMI:			1.4977	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.97	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5258	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$20,270)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5216</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5258</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.95	\$93.27	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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 = 4.0% (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	\$23.07	\$5.19	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.02</b>	<b>\$98.46</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$19.61</b>	<b>\$0.00</b>	<b>\$45.17</b>	<b>\$1.44</b>	<b>\$26.88</b>	<b>\$0.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.19</b>									

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

**FINAL**

Provider: <b>Calhoun Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140478A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6173	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.67%	2.5%	Quarterly Medicaid CMI:			1.7647	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.56	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7993	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$89,001)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6173</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7993</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.67	\$131.98	\$0.00	\$19.46	\$19.97	\$0.00	\$19.38	\$6.12	\$12.70	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$3.30	\$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28								
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	\$27.21	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.88</b>	<b>\$141.09</b>	<b>\$0.00</b>	<b>\$19.68</b>	<b>\$20.38</b>	<b>\$0.00</b>	<b>\$36.85</b>	<b>\$6.12</b>	<b>\$12.70</b>	<b>\$1.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.59</b>									



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

**FINAL**

Provider: <b>Canton Nursing Center, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140511A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4649	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.3774	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3982	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$90,669)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4649</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3982</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.26	\$103.23	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.68	\$5.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.63	\$9.31	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.89</b>	<b>\$112.54</b>	<b>\$0.00</b>	<b>\$21.30</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.27</b>	<b>\$12.47</b>	<b>\$1.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.59</b>									

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

FINAL

Provider: <b>University Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140533A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4735	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.5631	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.01	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5908	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$60,537)	\$0	\$0	\$0	\$0	\$0	(\$11,676)		(\$48,861)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4735</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.42								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5908</b>								
18	Qtrtly 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	\$191.12	\$110.94	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 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	\$21.59	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.71</b>	<b>\$114.80</b>	<b>\$0.00</b>	<b>\$20.42</b>	<b>\$21.04</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.40</b>	<b>\$8.01</b>	<b>\$1.79</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.71</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$214.53</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$148.07</b>									

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

**FINAL**

Provider: <b>Cedar Springs Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140544A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4458	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid CMI:			1.7182	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.84	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7515	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$139,859)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4458</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7515</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.55	\$117.11	\$0.00	\$18.36	\$22.50	\$0.00	\$29.15	\$9.93	\$8.83	\$3.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
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	\$19.43	\$1.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.98</b>	<b>\$118.81</b>	<b>\$0.00</b>	<b>\$18.58</b>	<b>\$22.91</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$9.93</b>	<b>\$8.83</b>	<b>\$3.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.91</b>									

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

**FINAL**

Provider: <b>Riverside Health &amp; Rheab of Thomaston</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140346A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5347	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.91%	1.0%	Quarterly Medicaid CMI:			1.4871	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.43	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5127	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$38,610)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5347</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5127</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.82	\$103.67	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.27</b>	<b>\$109.39</b>	<b>\$0.00</b>	<b>\$20.44</b>	<b>\$22.09</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.75</b>	<b>\$11.85</b>	<b>\$0.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.88</b>									



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

**FINAL**

Provider: <b>Bonterra Nursing Center</b> Prvdr ID: <b>00140357A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 33.66% Nurse Hours per On-Site Day/Quality Incentive: 2.72		N/A 33.66% 2.72	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4346 1.5044 1.5308	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$153,131)	(\$78,356)	\$0	\$0	\$0	\$0	(\$5,214)		(\$69,561)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$174,420)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4346</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.41								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5308</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.14	\$89.06	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.30</b>	<b>\$94.49</b>	<b>\$0.00</b>	<b>\$15.90</b>	<b>\$17.30</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.16</b>	<b>\$10.58</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.40</b>									

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

**FINAL**

Provider: <b>Brentwood Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140071A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3692	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.00%	2.5%	Quarterly Medicaid CMI:			1.3893	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4125	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$54,535)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3692</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4125</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.52	\$104.74	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.91</b>	<b>\$111.03</b>	<b>\$0.00</b>	<b>\$17.05</b>	<b>\$16.96</b>	<b>\$0.00</b>	<b>\$44.81</b>	<b>\$5.04</b>	<b>\$11.78</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.11</b>									

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

**FINAL**

Provider: <b>Westminister Commons</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140082A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3283	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.20%	2.5%	Quarterly Medicaid CMI:			1.3735	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3967	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$133,032)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3283</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3967</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.09	\$97.01	\$0.00	\$14.91	\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$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	\$23.60	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.69</b>	<b>\$102.88</b>	<b>\$0.00</b>	<b>\$15.13</b>	<b>\$21.86</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.11</b>	<b>\$8.44</b>	<b>\$3.02</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.69</b>									

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

FINAL

Provider: <b>Appling Nursing and Rehab Pavillion</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140093A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0466	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.32%	1.0%	Quarterly Medicaid CMI:			1.0979	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.18	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1121	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$31,544)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,544)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$301,820)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$298,606		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.0466</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.1121</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.54	\$89.07	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.36</b>	<b>\$93.16</b>	<b>\$0.00</b>	<b>\$31.45</b>	<b>\$25.73</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$8.72</b>	<b>\$29.25</b>	<b>\$0.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.70</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$239.74</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$166.98</b>									



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

**FINAL**

Provider: <b>PruittHealth - Ashburn, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140104A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5736	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.37%	1.0%	Quarterly Medicaid CMI:			1.7460	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.09	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7804	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$144,191)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5736</b>								
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 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7804</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.81	\$119.06	\$0.00	\$16.18	\$23.17	\$0.00	\$28.65	\$15.79	\$10.60	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.51	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.35		\$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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.75	\$7.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.45	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.56</b>	<b>\$126.73</b>	<b>\$0.00</b>	<b>\$16.40</b>	<b>\$23.58</b>	<b>\$0.00</b>	<b>\$46.10</b>	<b>\$15.79</b>	<b>\$10.60</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.60</b>									

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

FINAL

Provider: <b>PruittHealth - Brookhaven</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00140115A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6831	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.69%	1.0%	Quarterly Medicaid CMI:			1.7248	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.39	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7553	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$296,911)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$682,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.6831</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7553</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.82	\$125.36	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.27	\$6.27								
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	\$25.78	\$8.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.60</b>	<b>\$133.41</b>	<b>\$0.00</b>	<b>\$19.41</b>	<b>\$22.84</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$14.97</b>	<b>\$11.24</b>	<b>\$2.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.13</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$254.98</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$178.41</b>									

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

**FINAL**

Provider: <b>The Oaks of Athens, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140126A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6145	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.19%	1.0%	Quarterly Medicaid CMI:			1.6556	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6868	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$280,056)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6145</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6868</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.14	\$132.82	\$0.00	\$21.30	\$27.14	\$0.00	\$29.15	\$16.44	\$29.24	\$9.05
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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	\$1.33	\$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	\$23.16	\$5.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$288.30</b>	<b>\$138.66</b>	<b>\$0.00</b>	<b>\$21.52</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$16.44</b>	<b>\$29.24</b>	<b>\$9.05</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$203.40</b>									

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

**FINAL**

Provider: <b>Signature Healthcare of Savannah</b> Prvdr ID: <b>00083157A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 21.43% Nurse Hours per On-Site Day/Quality Incentive: 3.02		<u>Facility Score</u> N/A 21.43% 3.02	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6025 Quarterly Medicaid CMI: 1.6140 Qtrly Mcaid CMI w RUG Wght Options: 1.6451			<u>Facility Specific</u> 1.6025 1.6140 1.6451	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$146,902)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6025</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.6451</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.71	\$97.57	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
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	\$22.17	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.88</b>	<b>\$102.01</b>	<b>\$0.00</b>	<b>\$16.90</b>	<b>\$14.78</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.92</b>	<b>\$10.17</b>	<b>\$1.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.09</b>									



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

**FINAL**

Provider: <b>Muscogee Manor &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083223A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3226	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.45%	2.5%	Quarterly Medicaid CMI:			1.5037	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5297	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$28,989)	(\$63,206)	\$0	\$0	(\$8,464)	(\$13,217)	\$77,901		(\$22,003)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$145,429)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3226</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.73								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5297</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.33	\$136.39	\$0.00	\$23.79	\$27.14	\$0.00	\$27.15	\$5.22	\$19.91	\$0.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.41	\$3.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$4.09	\$4.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.97	\$7.50	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.30</b>	<b>\$143.89</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$44.62</b>	<b>\$5.22</b>	<b>\$19.91</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.15</b>									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Grace Healthcare of Tucker</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: <b>00083267A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759		
H/B ?: No				Case Mix Per Diem Rate Effective Date: <b>10/01/21</b>		BIMS	1.0%	Quarterly Medicaid CMI:			1.6244	1.5345		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		1.84	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6536	1.5617		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2018				FY2018 C/R -FY 2021 GL-PL Rpt		3,474,631		651,300	316,299	376,415	1,133,043	138,001	518,891	153,556
Inflation (July 2019) @ 2.20%						76,442		14,329	15,240		24,927			
Patient Days				FY 2018 Cost Rpt		40,467		40,467	40,467		40,467		40,467	
Total Nursing Facility Days GL-PL Ins. Rpt				FY 21 GL-PL Ins Rpt Days								33,937		33,937.00
Inflated NHC/ Patient Days						87.75		16.45	17.49		28.62	4.07	12.82	4.52
Base Period Facility CMI for all Residents						1.6146								
Routine Services Case Mix Adjusted Net Per Diem						\$54.35								
Net Per Diems After Case Mix Adjustments					\$138.32	\$54.35		\$16.45	\$17.49		\$28.62	\$4.07	\$12.82	4.52
Per Diem Standards						\$84.91		\$32.43	\$25.85		\$27.76			
Base Period Case Mix Adjusted Allowed Per Diem					\$135.92	\$54.35		\$16.45	\$17.49		\$27.76	\$4.07	11.28	4.52
Quarterly Per Diem Rate Prior to Add-Ons													(FRV Rate)	
Growth Allowance 5.00%					\$5.80	\$2.72		\$0.82	\$0.87		\$1.39			
CMA Allowed Per Diem After Growth Allowance					\$141.73	\$57.07		\$17.27	\$18.37		\$29.15	\$4.07	\$11.28	\$4.52
Quarterly Facility Case Mix Index for Medicaid Residents						1.6536								
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem						\$94.37								
Quarterly Medicaid CMA Allowed Per Diem					\$179.03	\$94.37		\$17.27	\$18.37		\$29.15	\$4.07	\$11.28	\$4.52
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)					\$1.16	\$0.53		\$0.22	\$0.41		\$0.00			
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)					\$0.94	0.94								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%					\$1.89	1.89								
Nursing Home Provider Fee					\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts					\$21.09									
Quarterly Case Mix Based Per Diem Rate					\$200.12	\$97.73		\$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%					\$137.27									

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

FINAL

Provider: <b>Madison Hlth &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083278A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4675	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		48.15%	5.5%	Quarterly Medicaid CMI:			1.5102	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5406	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$45,035)	\$0	\$0	\$0	\$0	\$0	(\$10,122)		(\$34,913)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$92,418)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$103,824		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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		<b>1.4675</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5406</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.02	\$80.96	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.53</b>	<b>\$88.37</b>	<b>\$0.00</b>	<b>\$19.04</b>	<b>\$25.62</b>	<b>\$0.00</b>	<b>\$40.95</b>	<b>\$4.98</b>	<b>\$11.81</b>	<b>\$1.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.57</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$200.59</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$137.62</b>									

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

**FINAL**

Provider: <b>Riverdale Place Care and Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00083289A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4560	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.33%	2.5%	Quarterly Medicaid CMI:			1.7594	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7937	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$103,353)	(\$28,746)	\$0	(\$5,347)	\$6,380	\$6,201	(\$3,132)		(\$78,709)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4560</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7937</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.99	\$109.33	\$0.00	\$14.45	\$15.27	\$0.00	\$23.06	\$4.50	\$10.65	\$3.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$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	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.63</b>	<b>\$115.87</b>	<b>\$0.00</b>	<b>\$14.67</b>	<b>\$15.68</b>	<b>\$0.00</b>	<b>\$40.53</b>	<b>\$4.50</b>	<b>\$10.65</b>	<b>\$3.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.40</b>									



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

**FINAL**

Provider: <b>Rose City Health and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083311A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7127	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.10%	2.5%	Quarterly Medicaid CMI:			1.7331	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7650	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$40,280)	(\$4,507)	\$0	(\$1,970)	\$0	\$3,175	(\$3,790)		(\$33,188)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$37,422)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.7127</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.76								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7650</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.01	\$94.07	\$0.00	\$21.40	\$17.03	\$0.00	\$29.15	\$2.22	\$11.99	\$1.15
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.44</b>	<b>\$99.77</b>	<b>\$0.00</b>	<b>\$21.62</b>	<b>\$17.44</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.22</b>	<b>\$11.99</b>	<b>\$1.15</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.51</b>									

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

**FINAL**

Provider: <b>Lynn Haven Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083036A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5828	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		56.82%	5.5%	Quarterly Medicaid CMI:			1.7231	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7567	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$40,885)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 26,727	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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.5828</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7567</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.46	\$121.90	\$0.00	\$20.22	\$27.14	\$0.00	\$29.15	\$3.90	\$13.56	\$1.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$6.70	\$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	\$26.99	\$9.67	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.45</b>	<b>\$131.57</b>	<b>\$0.00</b>	<b>\$20.44</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.90</b>	<b>\$13.56</b>	<b>\$1.59</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.51</b>									

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

**FINAL**

Provider: <b>Magnolia Manor Columbus East</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00083047A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7524	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.76%	1.0%	Quarterly Medicaid CMI:			1.5874	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.35	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6179	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$171,815)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7524</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6179</b>								
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	\$191.20	\$99.60	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.08	\$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	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$23.10	\$5.51	\$0.00	\$0.08	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.30</b>	<b>\$105.11</b>	<b>\$0.00</b>	<b>\$23.77</b>	<b>\$19.48</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$8.01</b>	<b>\$10.83</b>	<b>\$0.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.90</b>									

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

**FINAL**

Provider: <b>Hazlehurst Court Care and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059705A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4129	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.03%	0.0%	Quarterly Medicaid CMI:			1.5739	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.77	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6010	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$19,062)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4129</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.6010</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.22	\$89.54	\$0.00	\$13.92	\$15.09	\$0.00	\$24.15	\$2.31	\$7.44	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.42	\$2.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.64</b>	<b>\$91.86</b>	<b>\$0.00</b>	<b>\$14.14</b>	<b>\$15.50</b>	<b>\$0.00</b>	<b>\$41.62</b>	<b>\$2.31</b>	<b>\$7.44</b>	<b>\$0.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.41</b>									



[illegible]

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

**FINAL**

Provider: <b>Signature HC of Buckhead</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040763A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6138	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.48%	2.5%	Quarterly Medicaid CMI:			1.8495	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.31	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8852	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$228,189)	(\$65,383)	\$0	\$0	\$0	(\$1,259)	(\$4,973)		(\$156,574)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$316,023)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6138</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8852</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.69	\$144.76	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.62	\$3.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.47</b>	<b>\$151.81</b>	<b>\$0.00</b>	<b>\$19.70</b>	<b>\$21.35</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.21</b>	<b>\$10.97</b>	<b>\$2.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.78</b>									

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

**FINAL**

Provider: <b>Magnolia Manor Methodist Nursing Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040785A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6055	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.47%	2.5%	Quarterly Medicaid CMI:			1.6381	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.20	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6704	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$171,040)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6055</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6704</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.41	\$110.55	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.37	\$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	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$8.55	\$7.71	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.96</b>	<b>\$118.26</b>	<b>\$0.00</b>	<b>\$21.63</b>	<b>\$25.80</b>	<b>\$0.00</b>	<b>\$29.06</b>	<b>\$5.73</b>	<b>\$20.09</b>	<b>\$1.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.47</b>									

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

**FINAL**

Provider: <b>Syl-View Health Care Center, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040796A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3819	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.00%	2.5%	Quarterly Medicaid CMI:			1.4311	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.38	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4559	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$38,675)	\$0	\$0	\$0	\$0	\$0	(\$9,473)		(\$29,202)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$127,897)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.3819</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.00								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4559</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.03	\$85.61	\$0.00	\$18.61	\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.22</b>	<b>\$91.70</b>	<b>\$0.00</b>	<b>\$18.83</b>	<b>\$21.60</b>	<b>\$0.00</b>	<b>\$36.35</b>	<b>\$13.82</b>	<b>\$9.07</b>	<b>\$1.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.09</b>									



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

**FINAL**

Provider: <b>Twin View Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040807A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4067	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.6780	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7097	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$36,112)	(\$5,087)	\$0	\$0	\$0	\$0	\$0		(\$31,025)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$56,141)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4067</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.79								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7097</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.45	\$85.79	\$0.00	\$10.70	\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$171.79</b>	<b>\$91.03</b>	<b>\$0.00</b>	<b>\$10.92</b>	<b>\$13.87</b>	<b>\$0.00</b>	<b>\$43.84</b>	<b>\$1.34</b>	<b>\$9.39</b>	<b>\$1.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.02</b>									

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

**FINAL**

Provider: <b>A.G. Rhodes Home at Wesley Woods, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00040818A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6051	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.06%	2.5%	Quarterly Medicaid CMI:			1.7603	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7956	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$51,574)	(\$25,175)	\$0	\$0	\$0	\$0	\$0		(\$26,399)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$150,963)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.6051</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7956</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.43	\$152.59	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.81	\$3.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.02	\$8.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$281.45</b>	<b>\$161.51</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.55</b>	<b>\$17.03</b>	<b>\$1.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$198.26</b>									

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

**FINAL**

Provider: <b>PruittHealth - Austell</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059276A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5013	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.30%	1.0%	Quarterly Medicaid CMI:			1.5195	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.39	6.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5449	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$235,172)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5013</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5449</b>								
18	Qtrtly 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	\$213.55	\$115.43	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.93	\$6.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.34	\$8.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.89</b>	<b>\$124.04</b>	<b>\$0.00</b>	<b>\$17.97</b>	<b>\$22.64</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$13.56</b>	<b>\$14.12</b>	<b>\$1.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.09</b>									

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

**FINAL**

Provider: <b>Northridge Hlth &amp; Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059331A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4159	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.69%	1.0%	Quarterly Medicaid CMI:			1.3509	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3707	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$38,576)	\$0	\$0	\$0	(\$55)	(\$7,166)	(\$30,074)		(\$1,281)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$125,259)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4159</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.3707</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.06	\$91.17	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$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	\$21.69	\$4.18	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.75</b>	<b>\$95.35</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$21.36</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.06</b>	<b>\$17.50</b>	<b>\$0.44</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.99</b>									



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

**FINAL**

Provider: <b>Gibson Health &amp; Rehabilitation Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141116A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4595	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.65%	5.5%	Quarterly Medicaid CMI:			1.4766	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5007	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$58,106)	\$0	\$0	\$0	(\$7,496)	(\$11,130)	(\$11,868)		(\$27,612)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$54,795)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.4595</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5007</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.75	\$96.56	\$0.00	\$17.61	\$18.22	\$0.00	\$25.95	\$4.84	\$10.98	\$1.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.31	\$5.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$8.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.59	\$105.30	\$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	\$139.12									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Parkside Ellijay</b>				<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: <b>00141127A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4907	1.4759		
H/B ?: No				Case Mix Per Diem Rate Effective Date: <b>10/01/21</b>		BIMS	2.5%	Quarterly Medicaid CMI:			1.8634	1.5345		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.88	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9001	1.5617		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>														
<b>Cost Center Peer Groups per Selected Options</b>														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
<b>Base Period Per Diem Allowed Amounts</b>														
Net Historical Cost <b>2010</b>														
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														
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>														
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														
<b>Quarterly Per Diem Add-On Amounts</b>														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%														
Nursing Home Provider Fee														
\$ 17.10														
Total Quarterly Per Diem Add-On Amounts														
\$25.06														
<b>Quarterly Case Mix Based Per Diem Rate</b>					<b>\$264.87</b>	<b>\$158.54</b>		<b>\$19.51</b>	<b>\$23.52</b>		<b>\$46.25</b>	<b>\$2.47</b>	<b>\$11.65</b>	<b>\$2.93</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>					<b>\$185.83</b>									

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

FINAL

Provider: <b>Comfort Creek NRC of Wadley</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141138A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4168	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.00%	1.0%	Quarterly Medicaid CMI:			1.5569	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.68	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5880	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$26,528)	\$0	\$0	\$0	(\$910)	\$0	(\$6,631)		(\$18,987)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$60,596)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$73,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	18,258							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		<b>1.4168</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5880</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.26	\$78.26	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$163.02</b>	<b>\$81.92</b>	<b>\$0.00</b>	<b>\$13.73</b>	<b>\$15.74</b>	<b>\$0.00</b>	<b>\$38.88</b>	<b>\$2.45</b>	<b>\$9.55</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.44</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$165.86</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$111.57</b>									

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

**FINAL**

Provider: <b>Glenn-Mor Nursing Home</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141149A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.53%	1.0%	Quarterly Medicaid CMI:			1.2670	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2869	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$6,947)	\$0	\$0	\$0	\$0	\$0	\$0		(\$6,947)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$15,558)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3131</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2869</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.20	\$109.36	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.09	\$1.09								
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	\$22.00	\$4.90	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.20</b>	<b>\$114.26</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.46</b>	<b>\$10.66</b>	<b>\$0.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.83</b>									



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

**FINAL**

Provider: <b>Roswell Nursing &amp; Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141248A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5911	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.85%	2.5%	Quarterly Medicaid CMI:			1.7119	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.74	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7437	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$24,135)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5911</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7437</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.96	\$137.00	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.43	\$3.43								
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	\$24.43	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.39</b>	<b>\$143.70</b>	<b>\$0.00</b>	<b>\$21.34</b>	<b>\$24.49</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.42</b>	<b>\$10.22</b>	<b>\$2.97</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.22</b>									

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

FINAL

Provider: <b>Premier Estate of Dublin</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141281A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4189	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.00%	1.0%	Quarterly Medicaid CMI:			1.5085	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.17	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5329	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$54,244)	\$0	\$0	\$0	\$0	\$0	(\$30,475)		(\$23,769)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,650)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$198,863		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,038
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4189</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.63								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5329</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.72	\$73.44	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$164.28</b>	<b>\$76.90</b>	<b>\$0.00</b>	<b>\$17.44</b>	<b>\$17.05</b>	<b>\$0.00</b>	<b>\$36.29</b>	<b>\$6.87</b>	<b>\$8.80</b>	<b>\$0.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$110.39</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$180.76</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$122.75</b>									

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

**FINAL**

Provider: <b>Habersham Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141292A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3409	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.2085	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2293	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$83,307)	\$0	\$0	\$0	\$0	\$0	(\$3,334)		(\$79,973)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$78,219)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3409</b>								
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 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2293</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.74	\$104.74	\$0.00	\$29.51	\$27.14	\$0.00	\$29.15	\$2.58	\$10.09	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.62	\$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	\$23.61	\$6.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.35</b>	<b>\$111.03</b>	<b>\$0.00</b>	<b>\$29.73</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.58</b>	<b>\$10.09</b>	<b>\$0.53</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.69</b>									

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

**FINAL**

Provider: <b>Warner Robins Rehab &amp; Nursing Center</b> Prvdr ID: <b>00141303A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.37% Nurse Hours per On-Site Day/Quality Incentive: 3.02		<u>Facility Score</u> N/A 3.02	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5804 Quarterly Medicaid CMI: 1.6141 Qtrly Mcaid CMI w RUG Wght Options: 1.6435			<u>Facility Specific</u> 1.5804 1.6141 1.6435	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$199,344)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5804</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6435</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.15	\$78.46	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.09</b>	<b>\$83.30</b>	<b>\$0.00</b>	<b>\$15.67</b>	<b>\$18.48</b>	<b>\$0.00</b>	<b>\$45.67</b>	<b>\$7.60</b>	<b>\$10.31</b>	<b>\$3.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.24</b>									



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

**FINAL**

Provider: <b>Lakeland Villa Convalescent Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141732A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1393	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.92%	1.0%	Quarterly Medicaid CMI:			1.0758	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.57	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.0894	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$16,126)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,126)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$25,878)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.1393</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.0894</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.65	\$97.13	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.03	\$30.45	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.97	\$0.97								
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	\$20.98	\$3.88	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.63</b>	<b>\$101.01</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.03</b>	<b>\$30.45</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.40</b>									

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

FINAL

Provider: <b>The Oaks at Limestone, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141743A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5985	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		54.29%	5.5%	Quarterly Medicaid CMI:			1.4537	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.20	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4769	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$138,886)	(\$96,040)	\$0	\$0	\$3,647	\$3,876	\$40,466		(\$90,835)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$196,921)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$451,216		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$80,327
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.5985</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93								
12	Net Per Diems after Case Mix Adjstmnt 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	\$191.35	\$66.93	\$0.00	\$15.65	\$23.25		\$27.76	\$18.94	35.45 (FRV)	\$3.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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	\$198.03	\$70.28	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$35.45	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4769</b>								
18	Qtrtly 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	\$231.55	\$103.80	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$35.45	\$3.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.08	\$9.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.63</b>	<b>\$113.15</b>	<b>\$0.00</b>	<b>\$16.65</b>	<b>\$24.82</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$18.94</b>	<b>\$35.45</b>	<b>\$3.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.15</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$268.06</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$188.22</b>									

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				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5036	1.4759
Case Mix Per Diem Rate Effective Date: 10/1/2021				Qtrly BIMS score		35.23%	2.5%	Quarterly Medicaid CMI:			1.8041	1.5345
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.08	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8389	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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		1.8389								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.56	\$109.67	\$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	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2.19								
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	\$23.19	\$5.46	\$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	\$209.75	\$115.13	\$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	\$144.49									

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

**FINAL**

Provider: <b>Magnolia Manor Marion County</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141809A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5837	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.49%	1.0%	Quarterly Medicaid CMI:			1.5323	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.76	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5628	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$47,111)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5837</b>								
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 (FRV)	\$1.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5628</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.01	\$102.72	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.14	\$5.14								
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	\$24.43	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.44</b>	<b>\$109.42</b>	<b>\$0.00</b>	<b>\$19.76</b>	<b>\$23.17</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.34</b>	<b>\$29.49</b>	<b>\$1.01</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.51</b>									



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

**FINAL**

Provider: <b>Legacy Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141831A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3055	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.16%	2.5%	Quarterly Medicaid CMI:			1.4525	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.69	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.4789	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$234,305)	\$0	\$0	\$0	(\$6,033)	(\$7,680)	(\$92,943)		(\$127,649)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$274,934)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 62,428	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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.3055</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4789</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.16	\$91.48	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
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	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.91</b>	<b>\$96.13</b>	<b>\$0.00</b>	<b>\$15.95</b>	<b>\$18.18</b>	<b>\$0.00</b>	<b>\$39.73</b>	<b>\$6.18</b>	<b>\$11.29</b>	<b>\$2.45</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.61</b>									

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

**FINAL**

Provider: <b>Sadie G. Mays Health &amp; Rehabilitation Center</b> Prvdr ID: <b>00141842A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 42.22% Nurse Hours per On-Site Day/Quality Incentive: 3.21		Facility Score N/A	Add-on Percent 5.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3700 Quarterly Medicaid CMI: 1.4938 Qtrly Mcaid CMI w RUG Wght Options: 1.5209			Facility Specific 1.3700 1.4938 1.5209	State-wide 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$76,395)	\$0	\$0	\$0	\$0	\$0	(\$21,352)		(\$55,043)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$250,508)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3700</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.37								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5209</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.68	\$125.15	\$0.00	\$20.31	\$23.38	\$0.00	\$29.15	\$10.94	\$11.75	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.13	\$3.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26								
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	\$10.55	\$9.92	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.23</b>	<b>\$135.07</b>	<b>\$0.00</b>	<b>\$20.53</b>	<b>\$23.79</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$10.94</b>	<b>\$11.75</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.42</b>									

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

**FINAL**

Provider: <b>McRae Manor Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141853A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5373	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		19.28%	0.0%	Quarterly Medicaid CMI:			1.4903	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.53	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5165	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
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					
<b>Base Period Per Diem Allowed Amounts</b>												
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 Adjstmnts	(\$49,542)	(\$2,258)	\$0	\$0	(\$1,324)	(\$1,390)	(\$9,030)		(\$35,540)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$367,943)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5373</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.23								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5165</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.45	\$83.16	\$0.00	\$17.36	\$22.01	\$0.00	\$21.93	\$12.30	\$11.03	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.12	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.57</b>	<b>\$86.18</b>	<b>\$0.00</b>	<b>\$17.58</b>	<b>\$22.42</b>	<b>\$0.00</b>	<b>\$39.40</b>	<b>\$12.30</b>	<b>\$11.03</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.10</b>									

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

FINAL

Provider: <b>Meadowbrook Healthcare</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141864A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7927	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		58.67%	5.5%	Quarterly Medicaid CMI:			1.9152	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.26	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9516	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$47,459)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$118,078		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.7927</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.57								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.9516</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.94	\$93.38	\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.14	\$5.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$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	\$25.27	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.21</b>	<b>\$100.92</b>	<b>\$0.00</b>	<b>\$15.57</b>	<b>\$17.70</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.30</b>	<b>\$15.27</b>	<b>\$4.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.58</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$214.33</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$147.92</b>									



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

**FINAL**

Provider: <b>Woodlands Health &amp; Rehab Ctr.</b> Prvdr ID: <b>00141985A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.31% Nurse Hours per On-Site Day/Quality Incentive: 4.12		<u>Facility Score</u> N/A 29.31% 4.12	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1084 Quarterly Medicaid CMI: 1.2742 Qtrly Mcaid CMI w RUG Wght Options: 1.2947			<u>Facility Specific</u> 1.1084 1.2742 1.2947	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$64,926)	\$0	\$0	\$0	\$0	\$0	\$0		(\$64,926)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.1084</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.2947</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.14	\$80.28	\$0.00	\$13.24	\$12.35	\$0.00	\$21.69	\$7.84	\$12.70	\$5.04
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.98</b>	<b>\$84.02</b>	<b>\$0.00</b>	<b>\$13.46</b>	<b>\$12.76</b>	<b>\$0.00</b>	<b>\$39.16</b>	<b>\$7.84</b>	<b>\$12.70</b>	<b>\$5.04</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.41</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Miller Nursing Home</b> Prvdr ID: <b>00141996A</b> H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 58.5% Nurse Hours per On-Site Day/Quality Incentive: 5.09		Facility Score: N/A 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: 2.2362 Qtrly Mcaid CMI w RUG Wght Options: 2.2803				Facility Specific: 2.0872 2.2362 2.2803	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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				<b>2.2803</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$193.13								
Quarterly Medicaid CMA Allowed Per Diem			\$306.89	\$193.13		\$32.35	\$25.79		\$27.69	3.17	\$23.75	\$1.02
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 5.5% to Routine Srvcs)			\$10.62	\$10.62								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$7.73	\$7.73								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$35.45									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$342.33</b>	<b>\$211.47</b>		<b>\$32.35</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$3.17</b>	<b>\$23.75</b>	<b>\$1.02</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			<b>\$243.93</b>									

\* 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: <b>New Horizons Limestone</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142007A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3070	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		13.11%	0.0%	Quarterly Medicaid CMI:			1.1631	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1786	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$10,832)	(\$301)	\$0	\$0	\$0	\$0	(\$5,955)		(\$4,576)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$64,743)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3070</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.1786</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.15	\$105.08	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.25	\$3.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.40</b>	<b>\$108.23</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.72</b>	<b>\$11.85</b>	<b>\$0.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.23</b>									

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

**FINAL**

Provider: <b>Mitchell Convalescent Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142018A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4420	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.58%	2.5%	Quarterly Medicaid CMI:			1.4823	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5081	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$14,699)	\$0	\$0	\$0	(\$4,775)	(\$4,750)	\$0		(\$5,174)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$9,551)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4420</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.20								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5081</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.34	\$114.33	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.85</b>	<b>\$121.15</b>	<b>\$0.00</b>	<b>\$29.13</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$44.83</b>	<b>\$0.95</b>	<b>\$12.28</b>	<b>\$0.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.06</b>									



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

**FINAL**

Provider: <b>PruittHealth -Jasper</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142436A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5223	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.4448	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4708	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$44,308)	(\$58,810)	\$0	\$0	\$0	\$0	\$52,247		(\$37,745)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$113,924)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5223</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.29								
12	Net Per Diems after Case Mix Adjstmt 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	\$168.86	\$64.29	\$0.00	\$17.85	\$25.85		\$27.76	\$14.97	17.48 (FRV)	\$0.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$175.64	\$67.50	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.48	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4708</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.42	\$99.28	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.48	\$0.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	\$21.82	\$4.50	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.24</b>	<b>\$103.78</b>	<b>\$0.00</b>	<b>\$18.96</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$14.97</b>	<b>\$17.48</b>	<b>\$0.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.11</b>									

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

FINAL

Provider: <b>Harborview Health Systems - Pierce</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142447A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4998	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.74%	1.0%	Quarterly Medicaid CMI:			1.7248	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.23	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7577	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$46,459)	\$0	\$0	(\$1,870)	(\$2,992)	(\$3,760)	(\$11,590)		(\$26,247)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$62,698)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$92,429		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4998</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7577</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.57	\$127.71	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.94</b>	<b>\$133.35</b>	<b>\$0.00</b>	<b>\$18.64</b>	<b>\$26.40</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.28</b>	<b>\$17.93</b>	<b>\$5.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.13</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$263.29</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$184.64</b>									

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

**FINAL**

Provider: <b>Pine Knoll Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142458A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6616	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid CMI:			1.6155	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.87	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6449	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$49,808)	\$0	\$0	\$0	\$0	\$0	(\$13,448)		(\$36,360)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 39,987	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		<b>1.6616</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.6449</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.61	\$96.62	\$0.00	\$20.30	\$18.29	\$0.00	\$29.15	\$0.36	\$8.69	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.74</b>	<b>\$101.02</b>	<b>\$0.00</b>	<b>\$20.52</b>	<b>\$18.70</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.36</b>	<b>\$8.69</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.73</b>									

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

FINAL

Provider: <b>Cross View Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142502A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3288	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.33%	1.0%	Quarterly Medicaid CMI:			1.4675	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.52	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4939	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$36,371)	\$0	\$0	\$0	(\$1,442)	(\$1,283)	(\$9,035)		(\$24,611)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$25,743)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$61,316		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,779
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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		<b>1.3288</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4939</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.68	\$77.29	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.91
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$2.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$162.63</b>	<b>\$80.14</b>	<b>\$0.00</b>	<b>\$14.96</b>	<b>\$15.05</b>	<b>\$0.00</b>	<b>\$40.28</b>	<b>\$2.68</b>	<b>\$8.61</b>	<b>\$0.91</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.15</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$162.80</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$109.28</b>									



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

**FINAL**

Provider: <b>Twin Fountains Home</b> Prvdr ID: <b>00142843A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 38.71% Nurse Hours per On-Site Day/Quality Incentive: 3.25			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.0956 Quarterly Medicaid CMI: 0.9766 Qtrly Mcaid CMI w RUG Wght Options: 0.9859			<u>Facility Specific</u> 1.0956 0.9766 0.9859	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$68,855)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	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		<b>1.0956</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>0.9859</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.59	\$87.90	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.75</b>	<b>\$92.74</b>	<b>\$0.00</b>	<b>\$20.10</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.69</b>	<b>\$11.83</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.99</b>									

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

**FINAL**

Provider: <b>Winder Nursing, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142854A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3427	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.00%	2.5%	Quarterly Medicaid CMI:			1.4338	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4574	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$76,526)	\$0	\$0	\$0	\$0	\$0	(\$26,088)		(\$50,438)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$140,102)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3427</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4574</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.59	\$89.94	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.48	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.95</b>	<b>\$95.42</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$17.28</b>	<b>\$0.00</b>	<b>\$39.81</b>	<b>\$4.45</b>	<b>\$12.82</b>	<b>\$1.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.39</b>									

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

**FINAL**

Provider: <b>Dade Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142865A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>		Growth Allowance: N/A		N/A	5.00%	Base Period Overall CMI: 1.2608			1.2608	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>		Qtrly BIMS score 45.24%		45.24%	5.5%	Quarterly Medicaid CMI: 1.8651			1.8651	1.5345
				Nurse Hours per On-Site Day/Quality Incentive: 3.01		3.01	3.0%	Qtrtly Mcaid CMI w RUG Wght Options: 1.9006			1.9006	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	\$10,517	\$0	\$0	\$0	\$0	\$0	\$22,277		(\$11,760)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$86,955)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 20,579	FY19 Audited C/R Days	20,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,805		
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		<b>1.2608</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.9006</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.05	\$137.62	\$0.00	\$17.96	\$19.53	\$0.00	\$22.83	\$6.57	\$9.90	\$0.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.57	\$7.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.33	\$12.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.38</b>	<b>\$149.85</b>	<b>\$0.00</b>	<b>\$18.18</b>	<b>\$19.94</b>	<b>\$0.00</b>	<b>\$40.30</b>	<b>\$6.57</b>	<b>\$9.90</b>	<b>\$0.64</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.21</b>									

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

**FINAL**

Provider: <b>Savannah Beach Nursing &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142876A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1672	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.4264	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.81	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4529	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$78,416)	\$0	\$0	\$0	\$0	\$0	\$0		(\$78,416)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.1672</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.61								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4529</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.98	\$124.50	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.09</b>	<b>\$131.88</b>	<b>\$0.00</b>	<b>\$14.22</b>	<b>\$17.49</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.00</b>	<b>\$11.65</b>	<b>\$3.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.24</b>									



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

**FINAL**

Provider: <b>PruittHealth - Swainsboro, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143195A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4466	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.40%	1.0%	Quarterly Medicaid CMI:			1.5468	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5756	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$195,161)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4466</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5756</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.99	\$104.56	\$0.00	\$16.96	\$21.91	\$0.00	\$25.23	\$22.25	\$10.80	\$1.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$22.82	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.81</b>	<b>\$109.28</b>	<b>\$0.00</b>	<b>\$17.18</b>	<b>\$22.32</b>	<b>\$0.00</b>	<b>\$42.70</b>	<b>\$22.25</b>	<b>\$10.80</b>	<b>\$1.28</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.53</b>									

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

**FINAL**

Provider: <b>PruittHealth - Sylvester</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143206A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4645	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.69%	1.0%	Quarterly Medicaid CMI:			1.3364	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.42	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3599	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$223,816)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 As Filed Days = 38,069	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		<b>1.4645</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.3599</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.48	\$86.97	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.33</b>	<b>\$92.72</b>	<b>\$0.00</b>	<b>\$15.99</b>	<b>\$23.78</b>	<b>\$0.00</b>	<b>\$43.43</b>	<b>\$16.49</b>	<b>\$10.82</b>	<b>\$1.10</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.42</b>									

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

FINAL

Provider: <b>Tattnall Nursing, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143228A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2991	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.30%	2.5%	Quarterly Medicaid CMI:			1.2380	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.65	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2576	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$24,023)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$59,114		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,432
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.2991</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.75								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2576</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.76	\$61.74	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23								
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	\$21.40	\$3.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$140.16</b>	<b>\$65.04</b>	<b>\$0.00</b>	<b>\$12.43</b>	<b>\$14.27</b>	<b>\$0.00</b>	<b>\$36.86</b>	<b>\$2.43</b>	<b>\$8.17</b>	<b>\$0.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$92.30</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

Provider: <b>Wrightsville Manor</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143602A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.87%	2.5%	Quarterly Medicaid CMI:			1.7184	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7521	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$42,459)	(\$8,378)	\$0	(\$869)	(\$765)	(\$226)	(\$14,147)		(\$18,075)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.5557</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7521</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.61	\$95.65	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.50	\$101.44	\$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	\$133.80									



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

**FINAL**

Provider: <b>Heritage Inn of Barnesville</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143613A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6080	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		43.48%	2.5%	Quarterly Medicaid CMI:			1.3456	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.59	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3643	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$53,184)	\$0	\$0	\$0	\$3,388	(\$6,349)	(\$14,844)		(\$35,379)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$62,140)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6080</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3643</b>								
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	\$158.11	\$83.24	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.48</b>	<b>\$87.51</b>	<b>\$0.00</b>	<b>\$16.47</b>	<b>\$19.87</b>	<b>\$0.00</b>	<b>\$42.27</b>	<b>\$4.72</b>	<b>\$8.25</b>	<b>\$1.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.54</b>									

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

**FINAL**

Provider: <b>Traditions Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143701A</b>				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score			47.66%	5.5%	Quarterly Medicaid CMI:			1.6841	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:			3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7137	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$168,205)	(\$2,696)	\$0	\$0	\$6,626	(\$566)	(\$95,856)		(\$75,713)		
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$96,070)				
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6146</b>									
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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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		<b>1.7137</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.20	\$115.61	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36									
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)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.36	\$10.36	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.56</b>	<b>\$125.97</b>	<b>\$0.00</b>	<b>\$19.63</b>	<b>\$21.92</b>	<b>\$0.00</b>	<b>\$26.17</b>	<b>\$5.06</b>	<b>\$10.81</b>	<b>\$4.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.17</b>										

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

**FINAL**

Provider: <b>PruittHealth -Lilburn, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00145527A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4668	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.64%	2.5%	Quarterly Medicaid CMI:			1.5386	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.25	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5647	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$101,349)	(\$60,969)	\$0	\$0	\$4,026	(\$53,054)	\$61,575		(\$52,927)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$288,046)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4668</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.22								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5647</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.76	\$105.51	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
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	\$24.44	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.20</b>	<b>\$111.85</b>	<b>\$0.00</b>	<b>\$17.27</b>	<b>\$20.81</b>	<b>\$0.00</b>	<b>\$42.10</b>	<b>\$18.60</b>	<b>\$8.55</b>	<b>\$2.02</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.08</b>									

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

FINAL

Provider: <b>Quinton Memorial Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00150279A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3621	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		19.64%	0.0%	Quarterly Medicaid CMI:			1.2298	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		1.98	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2486	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$22,296)	(\$39,183)	\$0	\$0	(\$3,301)	(\$2,627)	\$22,815		\$0	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$130,594)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$61,173		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3621</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.34								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2486</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.71	\$109.26	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>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	\$2.19	\$2.19								
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	\$20.45	\$2.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.16</b>	<b>\$111.98</b>	<b>\$0.00</b>	<b>\$20.83</b>	<b>\$21.07</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.08</b>	<b>\$20.55</b>	<b>\$0.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.55</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$226.50</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$157.05</b>									



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

**FINAL**

Provider: <b>Christian City Convalescent Center, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00158034A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4846	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.10%	2.5%	Quarterly Medicaid CMI:			1.5408	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5698	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$73,044)	(\$141,715)	\$0	\$0	\$0	\$0	\$101,820		(\$33,149)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$378,229)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4846</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5698</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.86	\$118.49	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
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	\$7.67	\$7.04	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.53</b>	<b>\$125.53</b>	<b>\$0.00</b>	<b>\$18.60</b>	<b>\$20.08</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$14.13</b>	<b>\$15.51</b>	<b>\$0.53</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.65</b>									

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

**FINAL**

Provider: <b>Manor Care Rehab Ctr of Decatur</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00159266A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5256	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.36%	2.5%	Quarterly Medicaid CMI:			1.2567	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.59	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2750	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$63,182)	\$0	\$0	\$0	\$0	(\$17,248)	\$17,248		(\$63,182)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$115,739)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5256</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2750</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.98	\$102.46	\$0.00	\$19.89	\$18.72	\$0.00	\$29.15	\$0.82	\$11.20	\$4.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$20.82	\$3.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.80</b>	<b>\$105.55</b>	<b>\$0.00</b>	<b>\$20.11</b>	<b>\$19.13</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.82</b>	<b>\$11.20</b>	<b>\$4.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.03</b>									

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

**FINAL**

Provider: <b>Hart Care Center</b> Prvdr ID: <b>00167857A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.19		N/A 33.33% 3.19	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.6940 Quarterly Medicaid CMI: 1.5253 Qtrly Mcaid CMI w RUG Wght Options: 1.5513			1.6940 1.5253 1.5513	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,992)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6940</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5513</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.04	\$91.09	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.68</b>	<b>\$96.63</b>	<b>\$0.00</b>	<b>\$17.85</b>	<b>\$15.37</b>	<b>\$0.00</b>	<b>\$36.92</b>	<b>\$2.52</b>	<b>\$7.67</b>	<b>\$1.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.19</b>									

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

**FINAL**

Provider: <b>Scepter Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00169199A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5006	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.81%	2.5%	Quarterly Medicaid CMI:			1.5411	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5655	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5006</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5655</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.44	\$109.60	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2.19								
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	\$23.19	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.63</b>	<b>\$115.06</b>	<b>\$0.00</b>	<b>\$21.40</b>	<b>\$24.28</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.87</b>	<b>\$11.28</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.40</b>									



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

FINAL

Provider: <b>Woodstock Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00171212A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7021	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.67%	2.5%	Quarterly Medicaid CMI:			1.7291	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7610	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$70,814)	\$0	\$0	\$0	\$0	\$0	(\$16,216)		(\$54,598)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$15,398)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$17,468		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.7021</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7610</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.93	\$124.78	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.05</b>	<b>\$132.17</b>	<b>\$0.00</b>	<b>\$20.44</b>	<b>\$22.62</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.36</b>	<b>\$9.63</b>	<b>\$1.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.96</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$238.55</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$166.09</b>									

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

FINAL

Provider: <b>Fairburn Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00173071A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3629	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.8315	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.62	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8670	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$8,513)	\$0	\$0	\$0	\$9,668	\$8,753	(\$5,319)		(\$21,615)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$244,477		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,514
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.3629</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.8670</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.63	\$94.79	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.11</b>	<b>\$98.17</b>	<b>\$0.00</b>	<b>\$13.90</b>	<b>\$15.59</b>	<b>\$0.00</b>	<b>\$41.33</b>	<b>\$7.94</b>	<b>\$9.38</b>	<b>\$1.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.26</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$196.91</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$134.86</b>									

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

**FINAL**

Provider: <b>The Oaks at Scenic View</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00178307A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7268	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.92%	2.5%	Quarterly Medicaid CMI:			1.6382	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6688	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$279,813)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7268</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6688</b>								
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	\$207.05	\$109.46	\$0.00	\$16.56	\$23.94	\$0.00	\$26.61	\$19.24	\$9.54	\$1.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.70</b>	<b>\$116.01</b>	<b>\$0.00</b>	<b>\$16.78</b>	<b>\$24.35</b>	<b>\$0.00</b>	<b>\$44.08</b>	<b>\$19.24</b>	<b>\$9.54</b>	<b>\$1.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.95</b>									

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

FINAL

Provider: <b>PruittHealth - Marietta</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00202507A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5283	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.56%	2.5%	Quarterly Medicaid CMI:			1.7689	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.20	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8014	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$225,585)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$513,536		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$69,489
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5283</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.01								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.8014</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.92	\$119.18	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$25.19	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.11</b>	<b>\$126.27</b>	<b>\$0.00</b>	<b>\$17.09</b>	<b>\$19.73</b>	<b>\$0.00</b>	<b>\$42.92</b>	<b>\$16.25</b>	<b>\$14.65</b>	<b>\$2.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.51</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$253.12</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$177.02</b>									



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

**FINAL**

Provider: <b>Gordon Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00202848A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5297	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.71%	1.0%	Quarterly Medicaid CMI:			1.4713	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4942	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$119,918)	\$0	\$0	\$0	\$0	(\$5,159)	(\$79,898)		(\$34,861)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$61,685)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5297</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4942</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.13	\$94.49	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.53</b>	<b>\$98.79</b>	<b>\$0.00</b>	<b>\$19.31</b>	<b>\$19.79</b>	<b>\$0.00</b>	<b>\$44.06</b>	<b>\$3.61</b>	<b>\$11.75</b>	<b>\$1.22</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.07</b>									

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

**FINAL**

Provider: <b>Florence Hand Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00207083A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1680	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.40%	1.0%	Quarterly Medicaid CMI:			1.1722	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.35	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1868	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$131,325)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.1680</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.1868</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.66	\$105.82	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$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	\$3.17	\$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	\$21.55	\$4.23	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.21</b>	<b>\$110.05</b>	<b>\$0.00</b>	<b>\$29.24</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.11</b>	<b>\$16.42</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.58</b>									

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

FINAL

Provider: <b>Chatsworth Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00209778A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4075	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.11%	2.5%	Quarterly Medicaid CMI:			2.0301	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.59	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0707	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$47,510)	(\$25,884)	\$0	\$0	\$3,656	\$2,928	(\$12,137)		(\$16,073)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$244,862		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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		<b>1.4075</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.86								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>2.0707</b>								
18	Qtrtly 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	\$178.95	\$108.40	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine 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	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.54</b>	<b>\$114.89</b>	<b>\$0.00</b>	<b>\$16.15</b>	<b>\$15.28</b>	<b>\$0.00</b>	<b>\$35.08</b>	<b>\$6.81</b>	<b>\$9.69</b>	<b>\$5.64</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.83</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$218.09</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$150.74</b>									

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

FINAL

Provider: <b>High Shoals Health &amp; Rehabilitation</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00212814A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4763	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		52.63%	5.5%	Quarterly Medicaid CMI:			1.3226	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.77	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3451	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$53,051)	\$0	\$0	\$0	\$0	\$3,796	(\$36,133)		(\$20,714)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$56,572)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$104,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,397
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4763</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3451</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.92	\$92.87	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$5.11	\$5.11								
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	\$26.53	\$8.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.45</b>	<b>\$101.30</b>	<b>\$0.00</b>	<b>\$17.92</b>	<b>\$20.60</b>	<b>\$0.00</b>	<b>\$38.02</b>	<b>\$4.03</b>	<b>\$16.75</b>	<b>\$0.83</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.76</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$215.54</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$148.83</b>									



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

**FINAL**

Provider: <b>PruittHealth - Fort Oglethorpe</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00214695A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4953	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		19.28%	0.0%	Quarterly Medicaid CMI:			1.3801	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.46	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.4027	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$227,413)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4953</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.4027</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.40	\$89.31	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.42	\$2.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.82</b>	<b>\$91.63</b>	<b>\$0.00</b>	<b>\$15.29</b>	<b>\$20.22</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$16.40</b>	<b>\$9.30</b>	<b>\$0.98</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.54</b>									

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

**FINAL**

Provider: <b>Westwood (University Extended Care)</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00219359A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3589	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.46%	2.5%	Quarterly Medicaid CMI:			1.6247	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6540	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$603,775)	(\$75,637)	\$0	\$0	\$0	(\$6,733)	(\$511,537)		(\$9,868)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3589</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6540</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.52	\$134.52	\$0.00	\$21.90	\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.36	\$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	\$26.03	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.55</b>	<b>\$142.45</b>	<b>\$0.00</b>	<b>\$22.12</b>	<b>\$18.89</b>	<b>\$0.00</b>	<b>\$34.67</b>	<b>\$4.96</b>	<b>\$17.18</b>	<b>\$0.28</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.59</b>									

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

**FINAL**

Provider: <b>Comer Health and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00220448A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3718	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.06%	2.5%	Quarterly Medicaid CMI:			1.4560	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.10	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4830	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$130,590)	\$0	\$0	\$0	\$0	(\$8,479)	(\$107,623)		(\$14,488)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$61,165)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3718</b>								
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	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4830</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.49	\$104.27	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.45	\$8.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.94</b>	<b>\$112.62</b>	<b>\$0.00</b>	<b>\$20.22</b>	<b>\$20.05</b>	<b>\$0.00</b>	<b>\$40.79</b>	<b>\$4.35</b>	<b>\$9.41</b>	<b>\$0.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.13</b>									

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

**FINAL**

Provider: <b>Glenwood Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00220514A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5080	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.94%	2.5%	Quarterly Medicaid CMI:			1.5761	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6034	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$112,002)	\$0	\$0	\$0	\$3,424	\$3,507	(\$10,087)		(\$108,846)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$5,482)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5080</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6034</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.54	\$104.49	\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.61	\$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	\$24.37	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.91</b>	<b>\$110.76</b>	<b>\$0.00</b>	<b>\$15.06</b>	<b>\$13.48</b>	<b>\$0.00</b>	<b>\$42.30</b>	<b>\$0.38</b>	<b>\$7.51</b>	<b>\$1.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.36</b>									



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

**FINAL**

Provider: <b>Porter Field H &amp; R Ctr, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00222582A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3459	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.16%	5.5%	Quarterly Medicaid CMI:			1.7491	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.84	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7828	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$73,056)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3459</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.14								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7828</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.12	\$120.07	\$0.00	\$15.73	\$16.71	\$0.00	\$24.26	\$6.59	\$9.21	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.60	\$6.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$27.63	\$9.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.75</b>	<b>\$129.60</b>	<b>\$0.00</b>	<b>\$15.95</b>	<b>\$17.12</b>	<b>\$0.00</b>	<b>\$41.73</b>	<b>\$6.59</b>	<b>\$9.21</b>	<b>\$2.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.24</b>									

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

**FINAL**

Provider: <b>Eatonton Health &amp; Rehabilitation Center</b> Prvdr ID: <b>00223473A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 24.56% Nurse Hours per On-Site Day/Quality Incentive: 2.98			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2960 Quarterly Medicaid CMI: 1.2401 Qtrly Mcaid CMI w RUG Wght Options: 1.2571			<u>Facility Specific</u> 1.2960 1.2401 1.2571	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$54,730)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	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		<b>1.2960</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.2571</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.41	\$83.26	\$0.00	\$16.67	\$23.11	\$0.00	\$27.16	\$5.08	\$9.83	\$1.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$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	\$21.96	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.37</b>	<b>\$87.12</b>	<b>\$0.00</b>	<b>\$16.89</b>	<b>\$23.52</b>	<b>\$0.00</b>	<b>\$44.63</b>	<b>\$5.08</b>	<b>\$9.83</b>	<b>\$1.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.45</b>									

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

**FINAL**

Provider: <b>Chestnut Ridge Nursing &amp; Rehabilitation Center</b> Prvdr ID: <b>00228049A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 32.89% Nurse Hours per On-Site Day/Quality Incentive: 2.64		<u>Facility Score</u> N/A 32.89% 2.64	<u>Add-on Percent</u> 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5713 Quarterly Medicaid CMI: 1.6488 Qtrly Mcaid CMI w RUG Wght Options: 1.6790			<u>Facility Specific</u> 1.5713 1.6488 1.6790	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$13,508)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5713</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.6790</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.02	\$117.43	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.57</b>	<b>\$123.25</b>	<b>\$0.00</b>	<b>\$20.76</b>	<b>\$19.39</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.37</b>	<b>\$8.79</b>	<b>\$0.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.85</b>									

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

**FINAL**

Provider: <b>Manor Care Rehab Ctr of Marietta</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00236211A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5386	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		8.11%	0.0%	Quarterly Medicaid CMI:			1.1332	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.40	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1490	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$42,897)	\$0	\$0	\$0	\$9,029	(\$7,323)	\$18,073		(\$62,676)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$134,324)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5386</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.88								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.1490</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.58	\$102.40	\$0.00	\$23.19	\$21.28	\$0.00	\$29.15	\$0.77	\$11.70	\$2.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.02	\$1.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.77	\$1.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.35</b>	<b>\$103.44</b>	<b>\$0.00</b>	<b>\$23.41</b>	<b>\$21.69</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.77</b>	<b>\$11.70</b>	<b>\$2.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.19</b>									



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

**FINAL**

Provider: <b>Thomson Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143261A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3859	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		48.48%	5.5%	Quarterly Medicaid CMI:			1.3139	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.27	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3320	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$44,142)	(\$747)	\$0	\$0	\$0	\$0	(\$4,621)		(\$38,774)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$118,084)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3859</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3320</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.51	\$92.19	\$0.00	\$17.43	\$21.08	\$0.00	\$17.00	\$4.08	\$9.45	\$1.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.39	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.90</b>	<b>\$101.48</b>	<b>\$0.00</b>	<b>\$17.65</b>	<b>\$21.49</b>	<b>\$0.00</b>	<b>\$34.47</b>	<b>\$4.08</b>	<b>\$9.45</b>	<b>\$1.28</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.60</b>									

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

FINAL

Provider: <b>Rehabilitation Center of South Georgia</b> Prvdr ID: <b>00143283A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 35.35% Nurse Hours per On-Site Day/Quality Incentive: 4.01		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:			1.5704 1.5466 1.5737	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$110,940)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$150,941		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	49,273							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		<b>1.5704</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5737</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.89	\$99.52	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.00</b>	<b>\$105.53</b>	<b>\$0.00</b>	<b>\$20.04</b>	<b>\$25.36</b>	<b>\$0.00</b>	<b>\$36.95</b>	<b>\$3.67</b>	<b>\$9.79</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.43</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$203.77</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$140.00</b>									

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

**FINAL**

Provider: <b>Tifton Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143294A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6488	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.82%	2.5%	Quarterly Medicaid CMI:			1.7077	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7378	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$49,795)	(\$16,087)	\$0	\$0	\$1,363	\$1,713	(\$4,867)		(\$31,917)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$6,348)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6488</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7378</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.04	\$88.45	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.61	\$4.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.65</b>	<b>\$92.96</b>	<b>\$0.00</b>	<b>\$14.92</b>	<b>\$14.86</b>	<b>\$0.00</b>	<b>\$44.99</b>	<b>\$6.10</b>	<b>\$11.40</b>	<b>\$1.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.16</b>									

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

**FINAL**

Provider: <b>PruittHealth -Toccoa, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143305A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5047	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.89%	2.5%	Quarterly Medicaid CMI:			1.4580	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4815	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$82,229)	(\$69,272)	\$0	\$0	\$0	\$0	\$25,127		(\$38,084)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$341,716)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5047</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4815</b>								
18	Qtrtly 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	\$183.58	\$99.36	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.99	\$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	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.68</b>	<b>\$104.36</b>	<b>\$0.00</b>	<b>\$16.37</b>	<b>\$19.97</b>	<b>\$0.00</b>	<b>\$40.52</b>	<b>\$17.48</b>	<b>\$7.04</b>	<b>\$0.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.19</b>									



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

**FINAL**

Provider: <b>Oxley Park Health &amp; Rehab</b> Prvdr ID: <b>00143316A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hours per On-Site Day/Quality Incentive: 2.98			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4468 Quarterly Medicaid CMI: 1.5484 Qtrly Mcaid CMI w RUG Wght Options: 1.5778			Facility Specific State-wide	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$54,858)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4468</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5778</b>								
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	\$194.70	\$110.02	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.83</b>	<b>\$116.05</b>	<b>\$0.00</b>	<b>\$18.39</b>	<b>\$19.84</b>	<b>\$0.00</b>	<b>\$42.34</b>	<b>\$4.36</b>	<b>\$16.19</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.30</b>									

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

**FINAL**

Provider: <b>PruittHealth - Peake, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143327A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4991	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.57%	0.0%	Quarterly Medicaid CMI:			1.4401	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.79	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4643	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$147,661)	(\$72,856)	\$0	\$0	\$0	\$0	\$63,292		(\$138,097)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$230,808)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4991</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.17								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4643</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.12	\$117.11	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.06</b>	<b>\$122.32</b>	<b>\$0.00</b>	<b>\$18.75</b>	<b>\$25.01</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.50</b>	<b>\$16.86</b>	<b>\$3.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.22</b>									

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

**FINAL**

Provider: <b>Chatuge Regional Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143338A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2955	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.43%	2.5%	Quarterly Medicaid CMI:			1.5446	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.40	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5714	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$61,750)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.2955</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5714</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.50	\$140.11	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.17	\$11.88	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$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	\$3.50	\$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$6.30	\$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	\$266.90	\$146.41	\$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	\$187.35									

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

**FINAL**

Provider: <b>Treutlen County Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143349A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5629	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		59.46%	5.5%	Quarterly Medicaid CMI:			1.7122	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.97	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7462	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$41,133)	\$0	\$0	\$0	\$0	\$2,929	(\$38,133)		(\$5,929)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$26,650)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5629</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.31								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7462</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.16	\$112.42	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.18	\$6.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.62	\$5.62								
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	\$30.06	\$12.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.22</b>	<b>\$124.75</b>	<b>\$0.00</b>	<b>\$22.60</b>	<b>\$20.49</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.35</b>	<b>\$16.39</b>	<b>\$0.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.84</b>									



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

**FINAL**

Provider: <b>Berrien Nursing Center</b> Prvdr ID: <b>00143382A</b>				<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: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 34.25% Nurse Hours per On-Site Day/Quality Incentive: 3.40		N/A 34.25% 3.40	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4832 1.5645 1.5923	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$69,067)	(\$4,201)	\$0	(\$7,090)	\$0	\$1,284	(\$18,524)		(\$40,536)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$169,497)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4832</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5923</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.46	\$92.50	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.72	\$5.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.18</b>	<b>\$98.12</b>	<b>\$0.00</b>	<b>\$20.51</b>	<b>\$20.50</b>	<b>\$0.00</b>	<b>\$43.01</b>	<b>\$7.25</b>	<b>\$14.13</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.06</b>									

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

**FINAL**

Provider: <b>Twin Oaks Convalescent Center</b> Prvdr ID: <b>00143393A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 24.14% Nurse Hours per On-Site Day/Quality Incentive: 4.84		N/A 24.14% 4.84	5.00% 1.0% 3.0%	Base Period Overall CMI: 1.3983 Quarterly Medicaid CMI: 1.5970 Qtrtrly Mcaid CMI w RUG Wght Options: 1.6253			1.3983 1.5970 1.6253	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$82,275)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3983</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6253</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.32	\$103.17	\$0.00	\$34.05	\$26.80	\$0.00	\$29.15	\$4.46	\$19.87	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$4.66	\$0.00	\$0.00	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.33</b>	<b>\$107.83</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.05</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.46</b>	<b>\$19.87</b>	<b>\$0.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.42</b>									

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

**FINAL**

Provider: <b>Union County Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143415A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2012	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.21%	2.5%	Quarterly Medicaid CMI:			1.2357	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2568	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$326,767)	\$1,171	\$0	\$0	(\$11,042)	(\$7,249)	(\$41,644)		(\$268,003)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$71,900)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.2012</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.68								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2568</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.70	\$112.06	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.96</b>	<b>\$118.22</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.80</b>	<b>\$12.11</b>	<b>\$0.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.40</b>									

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

**FINAL**

Provider: <b>Chulio Hills Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143437A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6109	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.78%	2.5%	Quarterly Medicaid CMI:			1.9681	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.49	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0065	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$129,457)	(\$46,087)	\$0	\$0	\$0	\$0	(\$45,421)		(\$37,949)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$121,458)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6109</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>2.0065</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$160.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.09	\$160.72	\$0.00	\$15.58	\$20.58	\$0.00	\$25.58	\$8.07	\$11.50	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$4.02	\$4.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.82	\$4.82								
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	\$27.47	\$9.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$270.56</b>	<b>\$170.09</b>	<b>\$0.00</b>	<b>\$15.80</b>	<b>\$20.99</b>	<b>\$0.00</b>	<b>\$43.05</b>	<b>\$8.07</b>	<b>\$11.50</b>	<b>\$1.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.10</b>									



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

**FINAL**

Provider: <b>Waycross Health &amp; Rehabilitation Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143459A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4985	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.21%	1.0%	Quarterly Medicaid CMI:			1.2440	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.13	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2667	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$59,617)	\$0	\$0	\$0	(\$3,211)	(\$6,960)	(\$9,410)		(\$40,036)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$49,530)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.4985</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2667</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.99	\$84.82	\$0.00	\$18.77	\$21.55	\$0.00	\$29.15	\$5.45	\$8.19	\$2.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.49	\$89.59	\$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	\$131.54									

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

**FINAL**

Provider: <b>Washington County ECF</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143481A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1751	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.29%	2.5%	Quarterly Medicaid CMI:			1.1641	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1821	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$18,950)	(\$9,720)	\$0	(\$40,616)	(\$5,590)	(\$412)	(\$47,964)		\$85,352	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$21,976)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.1751</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.94								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.1821</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.04	\$105.40	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.48	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.52</b>	<b>\$110.15</b>	<b>\$0.00</b>	<b>\$28.85</b>	<b>\$16.87</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.82</b>	<b>\$11.40</b>	<b>\$0.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.82</b>									

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

**FINAL**

Provider: <b>Westbury H &amp; R - Conyers, Inc</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143503A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4768	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.22%	2.5%	Quarterly Medicaid CMI:			1.5312	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5606	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$95,646)	\$0	\$0	\$0	(\$2,713)	(\$2,276)	(\$12,582)		(\$78,075)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$235,659)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4768</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5606</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.66	\$117.25	\$0.00	\$20.38	\$25.26	\$0.00	\$22.07	\$3.63	\$11.10	\$2.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
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	\$25.08	\$6.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.74</b>	<b>\$124.23</b>	<b>\$0.00</b>	<b>\$20.60</b>	<b>\$25.67</b>	<b>\$0.00</b>	<b>\$39.54</b>	<b>\$3.63</b>	<b>\$11.10</b>	<b>\$2.97</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.98</b>									

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

**FINAL**

Provider: <b>Westbury Medical Care Home, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143514A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5011	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.83%	2.5%	Quarterly Medicaid CMI:			1.6747	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		6.11	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7080	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$206,396)	(\$11,257)	\$0	\$0	\$0	\$3,862	(\$117,196)		(\$81,805)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$184,818)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5011</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.37								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7080</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.00	\$131.58	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$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	\$3.29	\$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.95	\$3.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.46</b>	<b>\$139.35</b>	<b>\$0.00</b>	<b>\$23.39</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$41.58</b>	<b>\$4.33</b>	<b>\$12.42</b>	<b>\$3.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.77</b>									



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

**FINAL**

Provider: <b>Westbury H &amp; R-McDonough, Inc</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143525A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4131	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		53.26%	5.5%	Quarterly Medicaid CMI:			1.6228	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6523	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$111,156)	(\$16,812)	\$0	\$0	(\$1,926)	(\$1,518)	(\$21,187)		(\$69,713)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$161,120)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.4131</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.86								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6523</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.75	\$142.02	\$0.00	\$20.72	\$27.01	\$0.00	\$24.47	\$3.64	\$10.19	\$2.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.22	\$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	\$7.81	\$7.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$30.39	\$12.60	\$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	\$261.14	\$154.62	\$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	\$183.03									

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

**FINAL**

Provider: <b>PruittHealth - Seaside, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143536A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5193	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.26%	1.0%	Quarterly Medicaid CMI:			1.6396	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6698	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$142,897)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5193</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6698</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.67	\$108.90	\$0.00	\$18.74	\$24.56	\$0.00	\$29.15	\$14.42	\$12.69	\$1.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
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	\$22.62	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.29</b>	<b>\$113.79</b>	<b>\$0.00</b>	<b>\$18.96</b>	<b>\$24.97</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$14.42</b>	<b>\$12.69</b>	<b>\$1.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.39</b>									

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

FINAL

Provider: <b>Wildwood Health Care, Inc.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143547A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6136	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.31%	2.5%	Quarterly Medicaid CMI:			1.4842	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.84	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5116	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$16,830)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,830)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$19,200)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.6136</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5116</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.43	\$83.55	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.66	\$88.68	\$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	\$127.17									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$193.34									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$132.18									

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

**FINAL**

Provider: <b>Southland Healthcare &amp; Rehab Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143558A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4870	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.84%	0.0%	Quarterly Medicaid CMI:			1.6557	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.92	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6855	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$75,849)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4870</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.09								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6855</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.06	\$83.33	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$1.67	\$1.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.30	\$2.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.36</b>	<b>\$85.53</b>	<b>\$0.00</b>	<b>\$13.52</b>	<b>\$17.35</b>	<b>\$0.00</b>	<b>\$40.38</b>	<b>\$1.68</b>	<b>\$8.92</b>	<b>\$0.98</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.45</b>									



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

**FINAL**

Provider: <b>Pruitt Health - Washington</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143569A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4865	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid CMI:			1.4538	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4804	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$89,416)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4865</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4804</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.31	\$106.53	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.84</b>	<b>\$111.33</b>	<b>\$0.00</b>	<b>\$18.37</b>	<b>\$24.83</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$17.03</b>	<b>\$10.55</b>	<b>\$1.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.56</b>									

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

**FINAL**

Provider: <b>Wood Dale Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143591A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3180	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.00%	2.5%	Quarterly Medicaid CMI:			1.1947	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		1.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2109	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$14,648)	(\$38,729)	\$0	\$0	\$0	\$0	\$24,083		(\$2)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$106,676)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3180</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.33								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2109</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.32	\$107.96	\$0.00	\$22.51	\$27.14	\$0.00	\$29.15	\$1.78	\$12.42	\$0.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$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	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.50</b>	<b>\$112.82</b>	<b>\$0.00</b>	<b>\$22.73</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.78</b>	<b>\$12.42</b>	<b>\$0.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.80</b>									

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

**FINAL**

Provider: <b>Sears Manor</b> Prvdr ID: <b>00142898A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 38.00% Nurse Hours per On-Site Day/Quality Incentive: 4.40		N/A 38.00% 4.40	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.4253 Quarterly Medicaid CMI: 1.4670 Qtrtrly Mcaid CMI w RUG Wght Options: 1.4919			1.4253 1.4670 1.4919	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$69,915)	(\$4,087)	\$0	\$0	\$1,150	\$1,326	(\$3,740)		(\$64,564)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$84,513)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4253</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.63								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4919</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.05	\$115.34	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$6.87	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.80</b>	<b>\$122.21</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$25.36</b>	<b>\$0.00</b>	<b>\$42.33</b>	<b>\$3.86</b>	<b>\$10.89</b>	<b>\$2.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.28</b>									

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

**FINAL**

Provider: <b>Seminole Manor Nursing Home</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142909A</b>				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.1518	1.4759	
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score	26.19%	1.0%	Quarterly Medicaid CMI:			1.2031	1.5345	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:	4.38	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2213	1.5617	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$24,108)	(\$118,864)	\$0	\$0	(\$10,025)	(\$8,450)	\$118,864		(\$5,633)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$7,220)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.1518</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2213</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.71	\$108.89	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.09	\$1.09								
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	\$21.68	\$4.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.39</b>	<b>\$113.25</b>	<b>\$0.00</b>	<b>\$33.41</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.53</b>	<b>\$10.18</b>	<b>\$0.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.72</b>									



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

FINAL

Provider: <b>Vista Park Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142931A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5444	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.58%	2.5%	Quarterly Medicaid CMI:			1.5353	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.20	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5629	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$124,744)	\$18,069	\$0	(\$18,069)	(\$292)	(\$323)	(\$62,722)		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$88,790)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$174,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.5444</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5629</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.05	\$97.48	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.04</b>	<b>\$103.37</b>	<b>\$0.00</b>	<b>\$19.91</b>	<b>\$18.66</b>	<b>\$0.00</b>	<b>\$42.07</b>	<b>\$4.22</b>	<b>\$22.34</b>	<b>\$1.47</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.21</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$227.87</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$158.07</b>									

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

**FINAL**

Provider: <b>Ross Memorial Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142942A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3419	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.00%	5.5%	Quarterly Medicaid CMI:			1.2970	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3177	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$70,549)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3419</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3177</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.10	\$117.49	\$0.00	\$23.79	\$27.14	\$0.00	\$24.91	\$2.42	\$13.69	\$3.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$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	\$6.46	\$6.46								
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	\$27.45	\$9.98	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.55</b>	<b>\$127.47</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$42.38</b>	<b>\$2.42</b>	<b>\$13.69</b>	<b>\$3.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.59</b>									

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

**FINAL**

Provider: <b>PruittHealth - Shepherd Hills, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142964A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3977	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.47%	1.0%	Quarterly Medicaid CMI:			1.4631	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4888	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$96,819)	(\$74,609)	\$0	\$0	(\$507)	(\$32,303)	\$64,100		(\$53,500)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$212,226)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3977</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.24								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4888</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.36	\$100.42	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 = 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	\$22.64	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.00</b>	<b>\$104.96</b>	<b>\$0.00</b>	<b>\$13.11</b>	<b>\$21.62</b>	<b>\$0.00</b>	<b>\$39.42</b>	<b>\$14.01</b>	<b>\$8.53</b>	<b>\$1.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.43</b>									

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

FINAL

Provider: <b>Gold City Health and Rehabilitation Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142975A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5927	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.6655	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.81	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6950	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$42,193)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,091,662	\$2,455,017	\$0	\$354,865	\$355,888	\$0	\$728,173	\$0	\$167,096	\$30,623
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	34,969							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		<b>1.5927</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6950</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.23	\$78.44	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$153.99</b>	<b>\$82.10</b>	<b>\$0.00</b>	<b>\$10.88</b>	<b>\$11.10</b>	<b>\$0.00</b>	<b>\$39.33</b>	<b>\$0.00</b>	<b>\$9.44</b>	<b>\$1.14</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$102.67</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$156.21</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$104.33</b>									



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

**FINAL**

Provider: <b>Signature HC - Marietta</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142986A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7059	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.95%	2.5%	Quarterly Medicaid CMI:			1.8633	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.45	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8997	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$154,928)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7059</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.8997</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.34	\$137.25	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.43	\$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$24.44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.78</b>	<b>\$143.96</b>	<b>\$0.00</b>	<b>\$19.55</b>	<b>\$18.29</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.61</b>	<b>\$14.96</b>	<b>\$3.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.01</b>									

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

FINAL

Provider: <b>PruittHealth - Fairburn, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142997A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4512	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.4161	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.59	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4389	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$155,307)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$356,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	28,428							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		<b>1.4512</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4389</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.99	\$111.89	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.08	\$2.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.59	\$5.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.97	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.96</b>	<b>\$119.13</b>	<b>\$0.00</b>	<b>\$16.99</b>	<b>\$21.46</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$17.23</b>	<b>\$14.08</b>	<b>\$2.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.65</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$251.38</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$175.71</b>									

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

FINAL

Provider: <b>Smith Medical Nursing Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143008A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			0.9534	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.35%	2.5%	Quarterly Medicaid CMI:			0.8891	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.55	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			0.8959	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$43,869)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$74,360		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>0.9534</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>0.8959</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$38.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$104.09	\$38.95	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.97	\$0.97								
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	\$19.60	\$1.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$123.69</b>	<b>\$40.45</b>	<b>\$0.00</b>	<b>\$13.45</b>	<b>\$10.90</b>	<b>\$0.00</b>	<b>\$41.07</b>	<b>\$5.09</b>	<b>\$11.45</b>	<b>\$1.28</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$79.94</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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

**FINAL**

Provider: <b>Social Circle Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143041A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5339	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.18%	0.0%	Quarterly Medicaid CMI:			1.7823	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.27	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8165	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$83,823)	(\$30,677)	\$0	\$904	\$0	(\$24,399)	(\$11,202)		(\$18,449)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$5,854)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5339</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8165</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.89	\$126.54	\$0.00	\$21.05	\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	\$1.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.53	\$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	\$20.79	\$3.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.68</b>	<b>\$129.60</b>	<b>\$0.00</b>	<b>\$21.27</b>	<b>\$24.19</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.33</b>	<b>\$10.72</b>	<b>\$1.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.44</b>									



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

**FINAL**

Provider: <b>PruittHealth - Griffin, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143052A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4000	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.56%	2.5%	Quarterly Medicaid CMI:			1.4807	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.47	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5075	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$131,003)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4000</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.58								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5075</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.45	\$108.56	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$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 = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.51	\$6.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.64	\$9.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.09</b>	<b>\$118.31</b>	<b>\$0.00</b>	<b>\$15.67</b>	<b>\$22.76</b>	<b>\$0.00</b>	<b>\$46.19</b>	<b>\$17.31</b>	<b>\$9.61</b>	<b>\$2.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.24</b>									

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

**FINAL**

Provider: <b>Sparta Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143063A</b>				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.2320	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score			17.39%	0.0%	Quarterly Medicaid CMI:			1.3563	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:			3.17	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3791	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$35,349)	\$0	\$0	\$0	\$0	(\$5,149)	(\$9,829)		(\$20,371)		
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$43,420)				
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2320</b>									
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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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		<b>1.3791</b>									
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.79	\$89.01	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 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	\$2.67	\$2.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.20	\$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	\$186.09	\$92.21	\$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	\$126.74										

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

**FINAL**

Provider: <b>Fox Glove Court Care and Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143074A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5171	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.8808	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9172	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$28,104)	\$0	\$0	\$0	\$0	\$0	\$0		(\$28,104)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5171</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.18								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9172</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.27	\$105.04	\$0.00	\$15.76	\$14.69	\$0.00	\$29.15	\$5.15	\$8.81	\$2.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.31</b>	<b>\$111.35</b>	<b>\$0.00</b>	<b>\$15.98</b>	<b>\$15.10</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.15</b>	<b>\$8.81</b>	<b>\$2.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.16</b>									

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

**FINAL**

Provider: <b>Cartersville Heights Care and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143085A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5588	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.49%	1.0%	Quarterly Medicaid CMI:			1.7885	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8225	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$50,771)	(\$3,400)	\$0	\$0	\$0	\$0	(\$2,242)		(\$45,129)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.5588</b>								
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	\$13.79	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8225</b>								
18	Qtrly 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	\$170.80	\$101.93	\$0.00	\$14.48	\$13.79	\$0.00	\$18.86	\$4.44	\$14.75	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.02	\$1.02								
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	\$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.51</b>	<b>\$106.54</b>	<b>\$0.00</b>	<b>\$14.70</b>	<b>\$14.20</b>	<b>\$0.00</b>	<b>\$36.33</b>	<b>\$4.44</b>	<b>\$14.75</b>	<b>\$2.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.31</b>									



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

**FINAL**

Provider: <b>PruittHealth -Spring Valley, LLC</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143096A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5488	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.78%	2.5%	Quarterly Medicaid CMI:			1.5072	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5350	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$113,560)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5488</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5350</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.33	\$96.80	\$0.00	\$17.15	\$24.07	\$0.00	\$29.15	\$14.97	\$10.27	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.91</b>	<b>\$102.65</b>	<b>\$0.00</b>	<b>\$17.37</b>	<b>\$24.48</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$14.97</b>	<b>\$10.27</b>	<b>\$0.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.86</b>									

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

**FINAL**

Provider: <b>Winthrop Manor Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143118A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5306	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.49%	1.0%	Quarterly Medicaid CMI:			1.4224	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.4440	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,650)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5306</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.4440</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.37	\$93.07	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.35</b>	<b>\$97.32</b>	<b>\$0.00</b>	<b>\$19.29</b>	<b>\$21.82</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.03</b>	<b>\$12.14</b>	<b>\$0.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.19</b>									

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

**FINAL**

Provider: <b>Senior Care Ctr.- St. Marys</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143129A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2588	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.2446	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.49	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2620	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2588</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2620</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.74	\$112.52	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$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	\$23.29	\$6.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.03</b>	<b>\$118.71</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$9.00</b>	<b>\$11.48</b>	<b>\$0.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.95</b>									

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

FINAL

Provider: <b>Eagle Health</b> Prvdr ID: <b>00143151A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 41.67% Nurse Hours per On-Site Day/Quality Incentive: 3.30		N/A	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5922 1.4115 1.4352	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$71,558)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$125,165		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,511
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	24,828							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		<b>1.5922</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4352</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.41	\$95.21	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.91</b>	<b>\$100.98</b>	<b>\$0.00</b>	<b>\$19.18</b>	<b>\$19.93</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.88</b>	<b>\$10.82</b>	<b>\$2.87</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.11</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$233.35</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$162.19</b>									



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

FINAL

Provider: <b>Arrowhead Healthcare</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143162A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8872	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		62.12%	5.5%	Quarterly Medicaid CMI:			2.0073	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.83	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0468	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$51,747)	\$0	\$0	\$0	\$0	\$0	\$0		(\$51,747)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$65,519)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$58,758		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,567
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.8872</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.15								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>2.0468</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.37	\$81.99	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.51	\$4.51								
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	\$26.05	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.42</b>	<b>\$90.31</b>	<b>\$0.00</b>	<b>\$15.14</b>	<b>\$20.78</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.93</b>	<b>\$10.66</b>	<b>\$2.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.74</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$198.29</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$135.89</b>									

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

**FINAL**

Provider: <b>PruittHealth - Sunrise, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143173A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5044	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.43%	1.0%	Quarterly Medicaid CMI:			1.7353	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.67	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7686	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$113,994)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5044</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7686</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.06	\$115.81	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.58	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.64</b>	<b>\$123.29</b>	<b>\$0.00</b>	<b>\$17.73</b>	<b>\$22.50</b>	<b>\$0.00</b>	<b>\$40.86</b>	<b>\$16.99</b>	<b>\$11.98</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.16</b>									

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

**FINAL**

Provider: <b>Mountain View Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143184A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4223	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.09%	1.0%	Quarterly Medicaid CMI:			1.5162	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.63	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5437	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$26,949)	\$0	\$0	\$0	\$0	\$0	\$0		(\$26,949)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$40,817)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4223</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.51								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5437</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.41	\$80.26	\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$1.61	\$1.61								
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	\$21.04	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$163.45</b>	<b>\$83.20</b>	<b>\$0.00</b>	<b>\$14.24</b>	<b>\$17.51</b>	<b>\$0.00</b>	<b>\$39.35</b>	<b>\$0.00</b>	<b>\$8.11</b>	<b>\$1.04</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.76</b>									

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

**FINAL**

Provider: <b>Pinewood Manor Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142513A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2613	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		65.31%	5.5%	Quarterly Medicaid CMI:			1.2341	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2524	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$25,853)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2613</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2524</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.56	\$77.89	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$4.28	\$4.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.81</b>	<b>\$85.04</b>	<b>\$0.00</b>	<b>\$20.99</b>	<b>\$21.10</b>	<b>\$0.00</b>	<b>\$45.13</b>	<b>\$1.89</b>	<b>\$9.95</b>	<b>\$0.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.78</b>									



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

**FINAL**

Provider: <b>Lillian G. Carter Nursing Center</b> Prvdr ID: <b>00142524A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 56.16% Nurse Hours per On-Site Day/Quality Incentive: 2.94		<u>Facility Score</u> N/A 5.00% 5.5% 3.0%	<u>Add-on Percent</u> 5.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4810 Quarterly Medicaid CMI: 1.6101 Qtrly Mcaid CMI w RUG Wght Options: 1.6393			<u>Facility Specific</u> 1.4810 1.6101 1.6393	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$53,040)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4810</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.6393</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.62	\$106.10	\$0.00	\$17.06	\$19.64	\$0.00	\$24.03	\$3.91	\$10.68	\$1.20
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.84	\$5.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.65	\$9.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.27</b>	<b>\$115.65</b>	<b>\$0.00</b>	<b>\$17.28</b>	<b>\$20.05</b>	<b>\$0.00</b>	<b>\$41.50</b>	<b>\$3.91</b>	<b>\$10.68</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.88</b>									

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

**FINAL**

Provider: <b>The Place at Martinez</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142535A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3771	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		48.08%	5.5%	Quarterly Medicaid CMI:			1.3132	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.41	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3322	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$50,776)	\$0	\$0	\$0	\$0	\$0	\$0		(\$50,776)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$230,664)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3771</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3322</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.25	\$91.87	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.05	\$5.05								
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	\$26.07	\$8.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.32</b>	<b>\$100.21</b>	<b>\$0.00</b>	<b>\$21.42</b>	<b>\$21.20</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$17.97</b>	<b>\$11.33</b>	<b>\$3.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.92</b>									

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

**FINAL**

Provider: <b>Pleasant View Nursing Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142546A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2713	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.85%	2.5%	Quarterly Medicaid CMI:			1.2964	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.50	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3172	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$32,064)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2713</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3172</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.80	\$67.59	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.69	\$1.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.35	\$1.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$3.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$152.47</b>	<b>\$71.16</b>	<b>\$0.00</b>	<b>\$12.01</b>	<b>\$14.36</b>	<b>\$0.00</b>	<b>\$41.67</b>	<b>\$2.09</b>	<b>\$9.69</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$101.53</b>									

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

FINAL

Provider: <b>Cedar Valley Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142557A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4833	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		47.37%	5.5%	Quarterly Medicaid CMI:			1.6725	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7037	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$92,842)	(\$38,102)	\$0	(\$1,151)	\$0	(\$3,373)	(\$15,934)		(\$34,282)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$9,005)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$10,215		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,640
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4833</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7037</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.73	\$90.18	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$4.96	\$4.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$25.93	\$8.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.66</b>	<b>\$98.38</b>	<b>\$0.00</b>	<b>\$20.36</b>	<b>\$19.11</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.37</b>	<b>\$9.91</b>	<b>\$1.28</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.92</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$203.23</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$139.60</b>									



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

**FINAL**

Provider: <b>Presbyterian Home, Quitman, Inc.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142579A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3897	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		51.70%	5.5%	Quarterly Medicaid CMI:			1.3599	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3814	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,627)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3897</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.3814</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.07	\$112.10	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$6.17	\$6.17								
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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.47	\$10.06	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.54</b>	<b>\$122.16</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$26.32</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$1.67</b>	<b>\$19.97</b>	<b>\$0.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.66</b>									

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

FINAL

Provider: <b>Bryant Health &amp; Rehab. Ctr, Inc</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142601A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4820	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.08%	1.0%	Quarterly Medicaid CMI:			1.5182	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.51	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5474	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$25,368)	\$0	\$0	\$0	\$0	\$0	(\$10,696)		(\$14,672)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$36,935)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$95,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4820</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5474</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.74	\$71.35	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.71	\$0.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$163.22</b>	<b>\$74.73</b>	<b>\$0.00</b>	<b>\$14.57</b>	<b>\$17.91</b>	<b>\$0.00</b>	<b>\$40.39</b>	<b>\$4.57</b>	<b>\$9.68</b>	<b>\$1.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.59</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$179.58</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$121.86</b>									

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

**FINAL**

Provider: <b>Providence Healthcare of Thomaston</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142612A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3919	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.46%	2.5%	Quarterly Medicaid CMI:			1.3369	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.89	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3585	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$48,413)	\$0	\$0	\$0	(\$1,647)	(\$1,552)	(\$21,513)		(\$23,701)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,958)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3919</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3585</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.19	\$75.87	\$0.00	\$15.00	\$18.53	\$0.00	\$24.95	\$4.32	\$8.75	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.52	\$1.52								
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	\$22.05	\$3.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.24</b>	<b>\$79.82</b>	<b>\$0.00</b>	<b>\$15.22</b>	<b>\$18.94</b>	<b>\$0.00</b>	<b>\$42.42</b>	<b>\$4.32</b>	<b>\$8.75</b>	<b>\$0.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.86</b>									

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

FINAL

Provider: <b>Providence Healthcare of Sparta</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142623A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4233	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.46%	2.5%	Quarterly Medicaid CMI:			1.5104	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5379	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$49,142)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4233</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.97								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5379</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.74	\$79.08	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.72</b>	<b>\$83.96</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$18.51</b>	<b>\$0.00</b>	<b>\$45.10</b>	<b>\$0.00</b>	<b>\$9.79</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.47</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$216.82</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$149.79</b>									



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

**FINAL**

Provider: <b>Greene Point Healthcare</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142634A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4171	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.74%	2.5%	Quarterly Medicaid CMI:			1.2356	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2524	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$26,845)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4171</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2524</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.18	\$104.35	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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 Sfng 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.77</b>	<b>\$110.62</b>	<b>\$0.00</b>	<b>\$23.08</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.49</b>	<b>\$13.03</b>	<b>\$1.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.75</b>									

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

FINAL

Provider: <b>Warrenton Health and Rehabilitation Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142645A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4793	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.86%	2.5%	Quarterly Medicaid CMI:			1.4742	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.34	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5004	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$31,186)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4793</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.22								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5004</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.21	\$72.81	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.82	\$1.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.91	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$167.12</b>	<b>\$76.62</b>	<b>\$0.00</b>	<b>\$17.91</b>	<b>\$21.20</b>	<b>\$0.00</b>	<b>\$42.48</b>	<b>\$0.00</b>	<b>\$8.91</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$112.52</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$196.09</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$134.24</b>									

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

FINAL

Provider: <b>Orchard Health and Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142656A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1653	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.38%	2.5%	Quarterly Medicaid CMI:			1.2276	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.03	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2452	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$34,284)	\$0	\$0	\$0	(\$102)	(\$7,459)	(\$11,782)		(\$14,941)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$61,889)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$109,415		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.1653</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2452</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.31	\$90.54	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.92</b>	<b>\$96.05</b>	<b>\$0.00</b>	<b>\$16.21</b>	<b>\$15.71</b>	<b>\$0.00</b>	<b>\$41.35</b>	<b>\$4.42</b>	<b>\$9.22</b>	<b>\$0.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.12</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$191.99</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$131.17</b>									

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

**FINAL**

Provider: <b>Heritage Inn of Sandersville</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142678A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5154	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.17%	2.5%	Quarterly Medicaid CMI:			1.7883	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.44	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8205	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$40,764)	\$0	\$0	\$0	(\$890)	(\$4,523)	(\$8,535)		(\$26,816)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$31,720)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5154</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8205</b>								
18	Qtrtly 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	\$188.46	\$108.16	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$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	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.03</b>	<b>\$114.63</b>	<b>\$0.00</b>	<b>\$18.21</b>	<b>\$20.16</b>	<b>\$0.00</b>	<b>\$43.25</b>	<b>\$3.48</b>	<b>\$11.78</b>	<b>\$1.52</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.95</b>									



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

**FINAL**

Provider: <b>Jesup Health Care</b> Prvdr ID: <b>00142689A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8109	1.4759
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Qtrly BIMS score		30.95%	2.5%	Quarterly Medicaid CMI:			1.9210	1.5345
				Nurse Hours per On-Site Day/Quality Incentive:		2.89	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9567	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$28,574)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.8109</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9567</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.86	\$90.15	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$24.12	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.98</b>	<b>\$96.54</b>	<b>\$0.00</b>	<b>\$16.74</b>	<b>\$19.56</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.94</b>	<b>\$7.94</b>	<b>\$1.01</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.91</b>									

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

FINAL

Provider: <b>Cobblestone Rehab and Healthcare Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142711A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5191	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.59%	1.0%	Quarterly Medicaid CMI:			1.2986	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3166	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$58,318)	(\$11,154)	\$0	\$0	\$0	\$0	(\$5,692)		(\$41,472)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$6,561)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$4,674		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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 Adjstmnt 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		<b>1.5191</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.3166</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.51	\$83.29	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$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	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$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	\$21.43	\$3.86	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.94</b>	<b>\$87.15</b>	<b>\$0.00</b>	<b>\$15.74</b>	<b>\$27.05</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.27</b>	<b>\$19.46</b>	<b>\$3.02</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.38</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$201.97</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$138.65</b>									

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

FINAL

Provider: <b>Blue Ridge Healthcare of Buchanan</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142722A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5297	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.68%	1.0%	Quarterly Medicaid CMI:			1.6340	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.62	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6637	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$244,602)	(\$4,087)	\$0	\$0	\$0	\$0	(\$213,990)		(\$26,525)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$114,461)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$92,686		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.5297</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6637</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.55	\$98.46	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.13</b>	<b>\$101.94</b>	<b>\$0.00</b>	<b>\$14.80</b>	<b>\$17.72</b>	<b>\$0.00</b>	<b>\$41.44</b>	<b>\$5.19</b>	<b>\$11.75</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.77</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$202.11</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$138.76</b>									

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

**FINAL**

Provider: <b>The Retreat Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142733A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1153	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.71%	2.5%	Quarterly Medicaid CMI:			1.2441	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2628	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$154,420)	(\$325,275)	\$0	\$57,393	\$1,004	\$45,558	\$186,200		(\$119,300)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$22,448)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.1153</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.84								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2628</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.71	\$112.59	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$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	\$23.29	\$6.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.00</b>	<b>\$118.78</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.80</b>	<b>\$8.98</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.18</b>									



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

FINAL

Provider: <b>Ridgewood Manor Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142744A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3614	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		43.86%	2.5%	Quarterly Medicaid CMI:			1.2918	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		1.99	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3093	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$113,774)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$51,996		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.3614</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.3093</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.72	\$101.73	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$5.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.14</b>	<b>\$106.83</b>	<b>\$0.00</b>	<b>\$18.64</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.02</b>	<b>\$9.86</b>	<b>\$0.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.53</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$213.81</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$147.53</b>									

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

FINAL

Provider: <b>Harborview Health Systems - Satilla</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142755A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5263	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		17.74%	0.0%	Quarterly Medicaid CMI:			1.5841	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.62	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6118	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$65,878)	\$1,349	\$0	\$0	(\$9,254)	(\$9,855)	(\$11,135)		(\$36,983)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$64,718)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$138,917		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.5263</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6118</b>								
18	Qtrtly 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	\$183.01	\$97.88	\$0.00	\$16.66	\$21.02	\$0.00	\$26.55	\$4.74	\$13.61	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.94	\$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	\$21.57	\$3.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.58</b>	<b>\$101.35</b>	<b>\$0.00</b>	<b>\$16.88</b>	<b>\$21.43</b>	<b>\$0.00</b>	<b>\$44.02</b>	<b>\$4.74</b>	<b>\$13.61</b>	<b>\$2.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.61</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$248.65</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$173.66</b>									

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

**FINAL**

Provider: <b>Etowah Landing Care and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142766A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4598	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.93%	2.5%	Quarterly Medicaid CMI:			1.5380	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.90	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5662	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$63,317)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4598</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5662</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.16	\$95.37	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
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	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.71</b>	<b>\$100.19</b>	<b>\$0.00</b>	<b>\$16.23</b>	<b>\$16.23</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.03</b>	<b>\$9.17</b>	<b>\$1.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.71</b>									

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

**FINAL**

Provider: <b>Roberta Health Care</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142777A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6310	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.89%	2.5%	Quarterly Medicaid CMI:			1.8098	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.16	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8438	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$31,756)	\$0	\$0	\$0	(\$1,124)	(\$1,178)	\$0		(\$29,454)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$16,450)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	31,395									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,018		
9	Net Per Diems prior to Case Mix Adjstmt 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		<b>1.6310</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.05								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8438</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.97	\$81.40	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.63	\$1.63								
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	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.27</b>	<b>\$85.60</b>	<b>\$0.00</b>	<b>\$14.58</b>	<b>\$16.39</b>	<b>\$0.00</b>	<b>\$45.80</b>	<b>\$1.68</b>	<b>\$8.00</b>	<b>\$2.22</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.88</b>									



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

**FINAL**

Provider: <b>Montezuma Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142062A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4297	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		60.98%	5.5%	Quarterly Medicaid CMI:			1.6188	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6483	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$70,074)	(\$4,853)	\$0	\$0	(\$1,471)	(\$2,403)	(\$50,902)		(\$10,445)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$53,559)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4297</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6483</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.45	\$116.65	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.42	\$6.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.55	\$10.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.00</b>	<b>\$127.10</b>	<b>\$0.00</b>	<b>\$17.73</b>	<b>\$22.78</b>	<b>\$0.00</b>	<b>\$45.70</b>	<b>\$5.57</b>	<b>\$10.58</b>	<b>\$0.54</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.68</b>									

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

FINAL

Provider: <b>Avalon Hlth. &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142084A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5107	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.44%	2.5%	Quarterly Medicaid CMI:			1.4385	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.03	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4609	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$107,787)	(\$7,327)	\$0	\$0	(\$10,138)	(\$4,765)	(\$77,383)		(\$8,174)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$47,905)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$93,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,358
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5107</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4609</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.95	\$97.68	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.97</b>	<b>\$102.60</b>	<b>\$0.00</b>	<b>\$18.15</b>	<b>\$22.23</b>	<b>\$0.00</b>	<b>\$43.08</b>	<b>\$4.32</b>	<b>\$11.16</b>	<b>\$0.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.65</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$219.54</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$151.83</b>									

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

FINAL

Provider: <b>PruittHealth - Moultrie</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142095A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5386	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		21.28%	1.0%	Quarterly Medicaid CMI:			1.5507	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.74	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5796	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$40,620)	(\$23,355)	\$0	\$0	\$0	\$0	\$9,470		(\$26,735)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$129,249)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$294,958		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,162
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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		<b>1.5386</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.91								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5796</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.24	\$79.47	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
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	\$23.39	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.63</b>	<b>\$84.76</b>	<b>\$0.00</b>	<b>\$14.98</b>	<b>\$23.25</b>	<b>\$0.00</b>	<b>\$41.95</b>	<b>\$15.23</b>	<b>\$13.85</b>	<b>\$1.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.90</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$199.16</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$136.55</b>									

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

**FINAL**

Provider: <b>Clinch Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142106A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4909	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.31%	2.5%	Quarterly Medicaid CMI:			1.5392	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.96	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5672	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$28,770)	\$0	\$0	\$0	\$0	\$0	(\$9,683)		(\$19,087)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$22,895)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4909</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.23								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5672</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.80	\$74.43	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$158.78</b>	<b>\$78.31</b>	<b>\$0.00</b>	<b>\$14.01</b>	<b>\$16.09</b>	<b>\$0.00</b>	<b>\$40.23</b>	<b>\$1.94</b>	<b>\$7.36</b>	<b>\$0.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$106.26</b>									



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: 10/1/2021				Qtrly BIMS score		47.47%	5.5%	Quarterly Medicaid CMI:			1.4407	1.5345
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4668	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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		1.4668								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.72	\$130.78	\$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	\$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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$12.11	\$11.11	\$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	\$260.83	\$141.89	\$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	\$195.62									

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

**FINAL**

Provider: <b>Summerhill Elderliving Home</b>				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142139A</b>				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4504	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score			39.78%	2.5%	Quarterly Medicaid CMI:			1.4970	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:			5.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5232	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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 Adjstmnt 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 Case Mix Index 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 Adjstmnt 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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5232									
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	\$212.64	\$117.47	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94									
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	\$24.87	\$6.99	\$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	\$237.51	\$124.46	\$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	\$165.31										

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

FINAL

Provider: <b>Heritage Inn of Statesboro</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142161A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6645	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.3913	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.70	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4136	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$117,469)	(\$35,362)	\$0	\$0	\$0	(\$7,555)	(\$37,954)		(\$36,598)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$49,140)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$96,980		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6645</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4136</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.60	\$67.47	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.35	\$1.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.65	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$162.25</b>	<b>\$70.02</b>	<b>\$0.00</b>	<b>\$18.21</b>	<b>\$17.70</b>	<b>\$0.00</b>	<b>\$41.94</b>	<b>\$4.56</b>	<b>\$8.11</b>	<b>\$1.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$108.86</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$182.99</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$124.42</b>									

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

**FINAL**

Provider: <b>Nursecare of Buckhead</b> Prvdr ID: <b>00142183A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 27.41% Nurse Hours per On-Site Day/Quality Incentive: 3.25			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4328 Quarterly Medicaid CMI: 1.7934 Qtrly Mcaid CMI w RUG Wght Options: 1.8275			<u>Facility Specific</u> 1.4328 1.7934 1.8275	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$317,800)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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	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		<b>1.4328</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8275</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.80	\$117.73	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.96</b>	<b>\$121.79</b>	<b>\$0.00</b>	<b>\$17.71</b>	<b>\$20.92</b>	<b>\$0.00</b>	<b>\$45.63</b>	<b>\$6.61</b>	<b>\$11.72</b>	<b>\$4.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.90</b>									



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

FINAL

Provider: <b>Pinewood Nursing Ctr</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142205A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1741	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.0334	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.43	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.0452	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$38,326)	\$0	\$0	\$0	\$0	\$0	\$0		(\$38,326)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$29,398)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$48,024		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$62,971
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.1741</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.37								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.0452</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.32	\$55.28	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.55	\$0.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.11	\$1.11								
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	\$20.29	\$2.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$143.61</b>	<b>\$57.47</b>	<b>\$0.00</b>	<b>\$14.46</b>	<b>\$18.96</b>	<b>\$0.00</b>	<b>\$38.28</b>	<b>\$2.68</b>	<b>\$8.25</b>	<b>\$3.51</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$94.88</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$199.89</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$137.09</b>									

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

FINAL

Provider: <b>Oakview Health &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142238A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4815	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.62%	2.5%	Quarterly Medicaid CMI:			1.4147	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.96	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4390	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$178,259)	\$0	\$0	\$0	\$0	(\$1,468)	(\$133,192)		(\$43,599)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$79,755)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$157,040		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4815</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.4390</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.77	\$93.74	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.55</b>	<b>\$99.42</b>	<b>\$0.00</b>	<b>\$18.14</b>	<b>\$20.87</b>	<b>\$0.00</b>	<b>\$42.36</b>	<b>\$3.45</b>	<b>\$16.28</b>	<b>\$1.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.34</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$205.13</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$141.02</b>									

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

**FINAL**

Provider: <b>Oak View Home - Waverly Hall</b> Prvdr ID: <b>00142249A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 2.60		<u>Facility Score</u> N/A 33.33% 2.60	<u>Add-on Percent</u> 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2607 Quarterly Medicaid CMI: 1.2432 Qtrly Mcaid CMI w RUG Wght Options: 1.2644			<u>Facility Specific</u> 1.2607 1.2432 1.2644	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$53,300)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.2607</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.98								
12	Net Per Diems after Case Mix Adjstmt 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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2644</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.80	\$83.61	\$0.00	\$16.32	\$19.70	\$0.00	\$23.30	\$3.71	\$10.25	\$0.91
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.03</b>	<b>\$88.74</b>	<b>\$0.00</b>	<b>\$16.54</b>	<b>\$20.11</b>	<b>\$0.00</b>	<b>\$40.77</b>	<b>\$3.71</b>	<b>\$10.25</b>	<b>\$0.91</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.95</b>									

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

**FINAL**

Provider: <b>The Oaks Nursing Home, Inc.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142271A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6628	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.00%	5.5%	Quarterly Medicaid CMI:			1.6289	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6613	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$37,258)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6628</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6613</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.94	\$91.59	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.04	\$5.04								
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	\$26.42	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.36</b>	<b>\$99.91</b>	<b>\$0.00</b>	<b>\$17.34</b>	<b>\$24.55</b>	<b>\$0.00</b>	<b>\$41.95</b>	<b>\$2.11</b>	<b>\$14.99</b>	<b>\$1.51</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.95</b>									



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

FINAL

Provider: <b>Oconee Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142293A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4030	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.14%	1.0%	Quarterly Medicaid CMI:			1.3002	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.39	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3218	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$29,333)	\$0	\$0	\$0	\$0	(\$3,890)	(\$9,987)		(\$15,456)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$27,040)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$52,910		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,325
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4030</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.96								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.3218</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.03	\$88.77	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$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	\$21.81	\$4.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.84</b>	<b>\$92.85</b>	<b>\$0.00</b>	<b>\$21.15</b>	<b>\$24.71</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.57</b>	<b>\$11.07</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.56</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$208.01</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$143.18</b>									

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

**FINAL**

Provider: <b>PruittHealth - Old Capitol</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00142304A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3231	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.14%	2.5%	Quarterly Medicaid CMI:			1.3660	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3882	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$270,891)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3231</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3882</b>								
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	\$160.00	\$84.00	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.25</b>	<b>\$89.15</b>	<b>\$0.00</b>	<b>\$14.23</b>	<b>\$18.60</b>	<b>\$0.00</b>	<b>\$35.38</b>	<b>\$17.36</b>	<b>\$8.32</b>	<b>\$0.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.61</b>									

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

FINAL

Provider: <b>PruittHealth - Ocilla</b> Prvdr ID: <b>00142315A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 23.40% Nurse Hours per On-Site Day/Quality Incentive: 4.40		N/A 23.40% 4.40	5.00% 1.0% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5355 1.6954 1.7280	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$157,442)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$358,452		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,863
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	23,877							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		<b>1.5355</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7280</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.21	\$95.07	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.69</b>	<b>\$98.45</b>	<b>\$0.00</b>	<b>\$14.51</b>	<b>\$23.55</b>	<b>\$0.00</b>	<b>\$41.29</b>	<b>\$17.50</b>	<b>\$10.08</b>	<b>\$1.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.19</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$234.23</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$162.85</b>									

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

**FINAL**

Provider: <b>Palemon Gaskins Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142326A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2352	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.18%	2.5%	Quarterly Medicaid CMI:			1.0806	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0948	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$508)	\$2,845	\$0	(\$54,392)	(\$17,108)	(\$7,414)	(\$23,414)		\$98,975	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$24,451)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.2352</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0948</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.42	\$91.04	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
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	\$22.64	\$5.54	\$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	\$221.06	\$96.58	\$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	\$152.97									



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

**FINAL**

Provider: <b>PruittHealth - Palmyra</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142337A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4564	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.10%	2.5%	Quarterly Medicaid CMI:			1.5147	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.69	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5423	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$474,240)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4564</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5423</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.50	\$102.61	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.10	\$4.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.30	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.80</b>	<b>\$109.81</b>	<b>\$0.00</b>	<b>\$14.06</b>	<b>\$18.44</b>	<b>\$0.00</b>	<b>\$36.32</b>	<b>\$18.28</b>	<b>\$9.79</b>	<b>\$1.10</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.03</b>									

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					472,527	(472,527)				
1899	-										-
1999	-										-
1200	-	0	(64,805)								-
1400	-				-						-
1500	(8,484)					(8,484)					-
1700	64,805							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											94,143
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: <b>WellStar Paulding Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142359A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0155	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.94%	2.5%	Quarterly Medicaid CMI:			1.0494	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.96	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0606	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$104,429)	(\$121,128)	\$0	\$0	\$8,600	\$11,097	\$0		(\$2,998)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$133,757)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.0155</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.0606</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.24	\$94.56	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.14	\$6.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.38</b>	<b>\$100.70</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$3.04</b>	<b>\$10.30</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.29</b>									

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

**FINAL**

Provider: <b>The Lodge</b> Prvdr ID: <b>00142381A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 34.88% Nurse Hours per On-Site Day/Quality Incentive: 4.23		N/A 34.88% 4.23	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.6945 1.8897 1.9266	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	\$4,941	\$0	\$0	\$0	\$0	\$0	\$113,973		(\$109,032)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$103,581)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6945</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9266</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.58	\$143.74	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.59	\$3.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$8.43	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$292.11</b>	<b>\$152.17</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.98</b>	<b>\$35.62</b>	<b>\$0.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$206.26</b>									



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

**FINAL**

Provider: <b>Pelham Parkway Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142425A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2868	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.91%	2.5%	Quarterly Medicaid CMI:			1.1448	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.03	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1604	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$23,108)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2868</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.1604</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.76	\$83.26	\$0.00	\$26.20	\$27.14	\$0.00	\$29.15	\$1.12	\$12.51	\$0.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$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	\$22.43	\$5.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.19</b>	<b>\$88.37</b>	<b>\$0.00</b>	<b>\$26.42</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.12</b>	<b>\$12.51</b>	<b>\$0.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.82</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Ridgecrest Rehab and Skilled Nursing Center</b> Prvdr ID: <b>00141886A</b> 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: 6.12		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: 1.6220 Qtrly Mcaid CMI w RUG Wght Options: 1.6540				Facility Specific: 1.4759 1.5462 1.5738	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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				<b>1.6540</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$140.08								
Quarterly Medicaid CMA Allowed Per Diem			\$263.06	\$140.08		\$22.61	\$25.79		\$27.69	4.19	\$41.46	\$1.24
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 0.0% to Routine Srvs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.20	\$4.20								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$21.30									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$284.36</b>	<b>\$144.28</b>		<b>\$22.61</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$4.19</b>	<b>\$41.46</b>	<b>\$1.24</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$200.44</b>										

\* 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: <b>PruittHealth -Macon, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141908A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4140	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.36%	1.0%	Quarterly Medicaid CMI:			1.5441	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.29	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5717	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
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					
<b>Base Period Per Diem Allowed Amounts</b>												
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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$432,207)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4140</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.69								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5717</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.63	\$118.30	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$6.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.17</b>	<b>\$124.74</b>	<b>\$0.00</b>	<b>\$15.59</b>	<b>\$22.15</b>	<b>\$0.00</b>	<b>\$43.73</b>	<b>\$17.79</b>	<b>\$8.59</b>	<b>\$0.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.05</b>									

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

**FINAL**

Provider: <b>Memorial Manor Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141919A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.3306	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3511	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$41,888)	\$0	\$0	\$0	\$0	\$0	\$0		(\$41,888)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$2,566)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.3131</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.57								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3511</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.46	\$110.05	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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	\$2.75	\$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	\$24.46	\$6.58	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.92</b>	<b>\$116.63</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$24.99</b>	<b>\$0.00</b>	<b>\$38.76</b>	<b>\$0.92</b>	<b>\$10.95</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.12</b>									



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

**FINAL**

Provider: <b>Medical Management H &amp; R</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141941A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6565	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.66%	1.0%	Quarterly Medicaid CMI:			1.4774	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.54	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5032	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$94,259)	(\$25,645)	\$0	\$0	\$0	\$0	(\$4,654)		(\$63,960)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$38,524)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6565</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5032</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.79	\$68.53	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$152.17</b>	<b>\$71.81</b>	<b>\$0.00</b>	<b>\$14.02</b>	<b>\$18.54</b>	<b>\$0.00</b>	<b>\$36.95</b>	<b>\$0.00</b>	<b>\$8.51</b>	<b>\$2.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$101.30</b>									

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: 10/1/2021				Qtrly BIMS score		42.22%	2.5%	Quarterly Medicaid CMI:			1.3926	1.5345
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4165	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Adjstmt 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 Adjstmt 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		1.4165								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.79	\$104.86	\$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	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.19	\$111.16	\$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	\$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: <b>Azalea Health &amp; Rehabilitation</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141963A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4117	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		42.59%	2.5%	Quarterly Medicaid CMI:			1.5894	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.75	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6188	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$45,020)	\$1,510	\$0	\$0	(\$351)	(\$4,722)	(\$10,646)		(\$30,811)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$67,306)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4117</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.70								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6188</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.09	\$94.68	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79								
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	\$24.79	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.88</b>	<b>\$101.37</b>	<b>\$0.00</b>	<b>\$18.34</b>	<b>\$17.38</b>	<b>\$0.00</b>	<b>\$43.68</b>	<b>\$5.33</b>	<b>\$11.14</b>	<b>\$2.64</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.09</b>									

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

FINAL

Provider: <b>Eastman Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141974A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3227	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid CMI:			1.4614	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4871	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$22,355)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$49,865		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,640
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.3227</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.32								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.4871</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.56	\$72.33	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$151.08</b>	<b>\$75.75</b>	<b>\$0.00</b>	<b>\$13.33</b>	<b>\$15.38</b>	<b>\$0.00</b>	<b>\$34.74</b>	<b>\$1.53</b>	<b>\$8.92</b>	<b>\$1.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$100.49</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$173.15</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$117.04</b>									



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

**FINAL**

Provider: <b>Haralson Nursing and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141325A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5866	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.26%	2.5%	Quarterly Medicaid CMI:			1.6689	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6995	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,982)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5866</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6995</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.20	\$91.84	\$0.00	\$20.42	\$17.56	\$0.00	\$27.75	\$0.34	\$9.46	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.89</b>	<b>\$97.43</b>	<b>\$0.00</b>	<b>\$20.64</b>	<b>\$17.97</b>	<b>\$0.00</b>	<b>\$45.22</b>	<b>\$0.34</b>	<b>\$9.46</b>	<b>\$0.83</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.09</b>									

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

**FINAL**

Provider: <b>Nancy Hart Nursing Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141336A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3524	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		9.09%	0.0%	Quarterly Medicaid CMI:			1.4908	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.25	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5178	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$20,542)	\$0	\$0	\$0	(\$679)	(\$510)	(\$9,838)		(\$9,515)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,503)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.3524</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.91								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5178</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.30	\$98.67	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.60	\$2.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.90</b>	<b>\$101.17</b>	<b>\$0.00</b>	<b>\$18.60</b>	<b>\$23.97</b>	<b>\$0.00</b>	<b>\$28.15</b>	<b>\$4.03</b>	<b>\$8.49</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.60</b>									

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

FINAL

Provider: <b>Heart of Georgia Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141358A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6174	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.62%	1.0%	Quarterly Medicaid CMI:			1.7190	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7525	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$24,876)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,876)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$62,028)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$66,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6174</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7525</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.44	\$85.36	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$3.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$177.48</b>	<b>\$89.30</b>	<b>\$0.00</b>	<b>\$19.61</b>	<b>\$16.09</b>	<b>\$0.00</b>	<b>\$35.05</b>	<b>\$2.30</b>	<b>\$13.67</b>	<b>\$1.46</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.29</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$258.00</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$180.68</b>									

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

**FINAL**

Provider: <b>PruittHealth - Valdosta</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141369A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6536	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		16.36%	0.0%	Quarterly Medicaid CMI:			1.7017	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.15	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7336	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$52,398)	(\$20,697)	\$0	\$0	\$0	\$0	\$19,005		(\$50,706)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$186,158)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6536</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7336</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.79	\$107.03	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.77	\$2.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.56</b>	<b>\$109.70</b>	<b>\$0.00</b>	<b>\$16.42</b>	<b>\$22.45</b>	<b>\$0.00</b>	<b>\$44.27</b>	<b>\$17.55</b>	<b>\$11.28</b>	<b>\$1.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.85</b>									



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

**FINAL**

Provider: <b>PruittHealth - Athens Heritage, LLC</b>				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00141391A</b>				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.4472	1.4759	
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score	32.79%	2.5%	Quarterly Medicaid CMI:			1.6247	1.5345	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:	3.34	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6540	1.5617	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$161,990)	(\$69,507)	\$0	\$0	\$1,894	\$1,768	\$45,549		(\$141,694)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$196,955)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4472</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								
12	Net Per Diems after Case Mix Adjstmnt 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	\$169.58	\$67.57	\$0.00	\$17.17	\$24.63		\$27.76	\$15.06	16.90 (FRV)	\$0.49
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$176.44	\$70.95	\$0.00	\$18.03	\$25.86	\$0.00	\$29.15	\$15.06	\$16.90	\$0.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6540</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.84	\$117.35	\$0.00	\$18.03	\$25.86	\$0.00	\$29.15	\$15.06	\$16.90	\$0.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.87	\$5.87								
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	\$27.06	\$9.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.90</b>	<b>\$126.68</b>	<b>\$0.00</b>	<b>\$18.25</b>	<b>\$26.27</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.06</b>	<b>\$16.90</b>	<b>\$0.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.60</b>									

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

FINAL

Provider: <b>Magnolia Manor St. Simons</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141402A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6431	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.29%	2.5%	Quarterly Medicaid CMI:			1.6057	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.68	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6373	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$119,817)	\$0	\$0	\$0	\$0	\$0	\$0		(\$119,817)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$105,018)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$201,609		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6431</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.08								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6373</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.51	\$92.97	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.88</b>	<b>\$98.61</b>	<b>\$0.00</b>	<b>\$19.67</b>	<b>\$21.67</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$8.39</b>	<b>\$10.62</b>	<b>\$5.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.34</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$213.79</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$147.52</b>									

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

FINAL

Provider: <b>Hartwell Health and Rehabilitation</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141413A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.07%	1.0%	Quarterly Medicaid CMI:			1.4340	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.27	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4566	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$75,462)	(\$4,092)	\$0	\$0	\$0	(\$2,714)	(\$54,712)		(\$13,944)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,620)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$95,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4592</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.4566</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.93	\$97.40	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.11	\$0.41	\$0.00	\$0.14		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.40	\$0.00	\$0.11	\$0.41	\$0.00	\$17.24	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.09</b>	<b>\$102.80</b>	<b>\$0.00</b>	<b>\$23.75</b>	<b>\$18.92</b>	<b>\$0.00</b>	<b>\$46.20</b>	<b>\$3.94</b>	<b>\$9.90</b>	<b>\$0.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.74</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$212.25</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$146.36</b>									

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

FINAL

Provider: <b>PruittHealth - Monroe, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141468A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3496	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.21%	2.5%	Quarterly Medicaid CMI:			1.3942	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.12	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4175	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$61,463)	(\$38,688)	\$0	\$0	\$0	\$0	(\$3,628)		(\$19,147)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$157,301)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$356,730		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,031
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.3496</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.69								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.4175</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.49	\$100.74	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$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	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.65</b>	<b>\$105.80</b>	<b>\$0.00</b>	<b>\$16.66</b>	<b>\$24.20</b>	<b>\$0.00</b>	<b>\$40.16</b>	<b>\$16.90</b>	<b>\$9.93</b>	<b>\$1.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.16</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$215.46</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$148.77</b>									



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

**FINAL**

Provider: <b>PruittHealth -Holly Hill</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141479A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5034	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.14%	1.0%	Quarterly Medicaid CMI:			1.5609	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.50	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5893	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$38,258)	(\$19,683)	\$0	\$0	\$0	\$0	\$7,164		(\$25,739)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,298)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5034</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.51								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5893</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.70	\$107.66	\$0.00	\$16.35	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 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	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.64</b>	<b>\$112.50</b>	<b>\$0.00</b>	<b>\$16.57</b>	<b>\$20.07</b>	<b>\$0.00</b>	<b>\$40.43</b>	<b>\$16.90</b>	<b>\$10.04</b>	<b>\$1.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.41</b>									

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

FINAL

Provider: <b>Wynfield Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141512A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4647	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.82%	2.5%	Quarterly Medicaid CMI:			1.4127	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.76	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4353	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$72,124)	(\$8,638)	\$0	\$0	\$0	\$3,616	(\$34,164)		(\$32,938)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$98,228)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$194,935		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,221
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4647</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.08								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4353</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.10	\$90.54	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.71</b>	<b>\$96.05</b>	<b>\$0.00</b>	<b>\$20.34</b>	<b>\$18.11</b>	<b>\$0.00</b>	<b>\$44.02</b>	<b>\$4.13</b>	<b>\$25.40</b>	<b>\$0.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.71</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$229.89</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$159.59</b>									

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

FINAL

Provider: <b>Covenant Dove Healthcare of Macon</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141523A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6724	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		40.63%	2.5%	Quarterly Medicaid CMI:			1.8070	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.90	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8413	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$55,298)	(\$902)	\$0	\$0	\$338	\$287	(\$11,668)		(\$43,353)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$67,947)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$205,205		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.6724</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8413</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.83	\$111.23	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.78	\$2.78								
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	\$23.26	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.09</b>	<b>\$116.76</b>	<b>\$0.00</b>	<b>\$17.88</b>	<b>\$19.75</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$8.29</b>	<b>\$11.16</b>	<b>\$3.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.49</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$238.23</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$165.85</b>									

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

**FINAL**

Provider: <b>Friendship Health and Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141567A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3428	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.00%	2.5%	Quarterly Medicaid CMI:			1.8960	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.9332	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$30,024)	(\$16,087)	\$0	\$0	\$0	\$0	\$1,654		(\$15,591)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$108,468)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3428</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9332</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.12	\$154.71	\$0.00	\$19.26	\$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$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	\$3.87	\$3.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64								
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	\$26.73	\$9.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$270.85</b>	<b>\$163.75</b>	<b>\$0.00</b>	<b>\$19.48</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$43.55</b>	<b>\$7.41</b>	<b>\$8.72</b>	<b>\$0.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.31</b>									



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

FINAL

Provider: <b>Miona Geriatric &amp; Dementia Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141578A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6897	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		65.75%	5.5%	Quarterly Medicaid CMI:			1.7020	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.52	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7338	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$31,961)	(\$9,448)	\$0	\$0	\$0	\$0	\$9,448		(\$31,961)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$43,519)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$65,298		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$38,106
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.6897</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.01								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7338</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.09	\$83.76	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.61	\$4.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.75	\$7.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$176.84</b>	<b>\$91.41</b>	<b>\$0.00</b>	<b>\$15.99</b>	<b>\$18.02</b>	<b>\$0.00</b>	<b>\$35.93</b>	<b>\$2.26</b>	<b>\$11.91</b>	<b>\$1.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$119.81</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$180.21</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$122.33</b>									

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

**FINAL**

Provider: <b>The Place at Deans Bridge</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141589A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3549	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		47.46%	5.5%	Quarterly Medicaid CMI:			1.2966	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.73	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3199	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$213,384)	(\$169,931)	\$0	\$0	\$0	\$0	(\$5,176)		(\$38,277)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$340,664)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.3549</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.26								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3199</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.02	\$84.90	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.67	\$4.67								
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	\$25.85	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.87</b>	<b>\$92.65</b>	<b>\$0.00</b>	<b>\$18.91</b>	<b>\$19.31</b>	<b>\$0.00</b>	<b>\$41.03</b>	<b>\$17.97</b>	<b>\$10.30</b>	<b>\$2.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.33</b>									

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: 10/1/2021				Qtrly BIMS score	18.33%	0.0%	Quarterly Medicaid CMI:			1.6954	1.5345	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/21				Nurse Hours per On-Site Day/Quality Incentive:	3.82	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7271	1.5617	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	\$5,188,452	\$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 Adjstmts	(\$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 Adjstmt 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 Adjstmt 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		1.7271								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.49	\$93.44	\$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 ([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	\$2.80	\$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	\$21.43	\$3.33	\$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	\$187.92	\$96.77	\$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	\$128.12									

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

**FINAL**

Provider: <b>Joe-Anne Burgin Nursing Home</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141633A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1307	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.00%	2.5%	Quarterly Medicaid CMI:			1.3159	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.71	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3337	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$33,219)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.1307</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3337</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.48	\$115.04	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$23.59	\$5.71	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.07</b>	<b>\$120.75</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$24.11</b>	<b>\$0.00</b>	<b>\$43.28</b>	<b>\$5.33</b>	<b>\$20.98</b>	<b>\$0.83</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.48</b>									



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

**FINAL**

Provider: <b>Scott Health &amp; Rehabilitation</b> Prvdr ID: <b>00141644A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 27.78% Nurse Hours per On-Site Day/Quality Incentive: 3.65		<u>Facility Score</u> N/A 27.78% 3.65	<u>Add-on Percent</u> 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4801 Quarterly Medicaid CMI: 1.6618 Qtrly Mcaid CMI w RUG Wght Options: 1.6909			<u>Facility Specific</u> 1.4801 1.6618 1.6909	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$42,280)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4801</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.6909</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.86	\$111.95	\$0.00	\$17.41	\$21.04	\$0.00	\$25.85	\$4.53	\$11.18	\$0.90
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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 = 4.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.09</b>	<b>\$118.08</b>	<b>\$0.00</b>	<b>\$17.63</b>	<b>\$21.45</b>	<b>\$0.00</b>	<b>\$43.32</b>	<b>\$4.53</b>	<b>\$11.18</b>	<b>\$0.90</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.99</b>									

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

**FINAL**

Provider: <b>Keysville Nursing Home and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141655A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3274	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.3928	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.43	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4168	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$55,841)	\$0	\$0	\$0	\$0	\$0	\$0		(\$55,841)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3274</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4168</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.45	\$90.01	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.95	\$4.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.28	\$8.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.73</b>	<b>\$98.19</b>	<b>\$0.00</b>	<b>\$21.17</b>	<b>\$23.95</b>	<b>\$0.00</b>	<b>\$32.43</b>	<b>\$3.89</b>	<b>\$13.19</b>	<b>\$1.91</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.22</b>									

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

FINAL

Provider: <b>Countryside Health Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141666A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4570	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		22.92%	1.0%	Quarterly Medicaid CMI:			1.6108	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6420	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170)		(\$21,310)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$35,514)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$41,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4570</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6420</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.10	\$80.44	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.94</b>	<b>\$84.18</b>	<b>\$0.00</b>	<b>\$14.26</b>	<b>\$19.30</b>	<b>\$0.00</b>	<b>\$43.45</b>	<b>\$2.17</b>	<b>\$6.69</b>	<b>\$0.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.38</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$172.03</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$116.20</b>									

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

**FINAL**

Provider: <b>Lake City Nursing &amp; Rehab Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141699A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5750	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.31%	2.5%	Quarterly Medicaid CMI:			1.5939	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6220	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$128,842)	(\$18,275)	\$0	(\$18,569)	\$0	(\$13,638)	\$14,384		(\$92,744)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$23,658)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5750</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.6220</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.71	\$104.04	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.06</b>	<b>\$110.29</b>	<b>\$0.00</b>	<b>\$17.58</b>	<b>\$18.38</b>	<b>\$0.00</b>	<b>\$35.47</b>	<b>\$2.46</b>	<b>\$9.40</b>	<b>\$1.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.47</b>									



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

**FINAL**

Provider: <b>PruittHealth - Lakehaven</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141721A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6927	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.43%	2.5%	Quarterly Medicaid CMI:			1.7411	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7739	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$170,652)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6927</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7739</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.43	\$95.10	\$0.00	\$17.00	\$19.49	\$0.00	\$24.71	\$15.74	\$8.78	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.86	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.29</b>	<b>\$100.86</b>	<b>\$0.00</b>	<b>\$17.22</b>	<b>\$19.90</b>	<b>\$0.00</b>	<b>\$42.18</b>	<b>\$15.74</b>	<b>\$8.78</b>	<b>\$1.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.89</b>									

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

FINAL

Provider: <b>Glenvue Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141171A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6122	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		14.71%	0.0%	Quarterly Medicaid CMI:			1.6042	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.82	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6355	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$110,797)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$221,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6122</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.31								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6355</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.97	\$82.97	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.12	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.09</b>	<b>\$85.99</b>	<b>\$0.00</b>	<b>\$18.06</b>	<b>\$16.79</b>	<b>\$0.00</b>	<b>\$39.09</b>	<b>\$5.97</b>	<b>\$9.93</b>	<b>\$2.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.74</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$244.80</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$170.78</b>									

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

**FINAL**

Provider: <b>Gracemore Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141182A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2849	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid CMI:			1.4628	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.95	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4860	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$31,029)	\$3,640	\$0	\$0	\$0	\$0	(\$4,540)		(\$30,129)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,584)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2849</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4860</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.22	\$117.08	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$4.04	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.73</b>	<b>\$121.12</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$43.92</b>	<b>\$4.43</b>	<b>\$8.32</b>	<b>\$2.01</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.22</b>									





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

**FINAL**

Provider: <b>Heritage Healthcare -Grandview, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141215A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5959	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		19.15%	0.0%	Quarterly Medicaid CMI:			1.6533	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6834	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$136,905)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5959</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6834</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.40	\$107.35	\$0.00	\$17.99	\$25.53	\$0.00	\$24.56	\$14.90	\$11.56	\$4.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$3.22	\$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	\$21.85	\$3.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.25</b>	<b>\$111.10</b>	<b>\$0.00</b>	<b>\$18.21</b>	<b>\$25.94</b>	<b>\$0.00</b>	<b>\$42.03</b>	<b>\$14.90</b>	<b>\$11.56</b>	<b>\$4.51</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.36</b>									

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

FINAL

Provider: <b>Grandview Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141226A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4400	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.53%	2.5%	Quarterly Medicaid CMI:			1.8454	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.97	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8822	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$60,832)	(\$26,042)	\$0	(\$9,564)	(\$157)	\$2,167	(\$16,913)		(\$10,323)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$48,710)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$94,211		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,669
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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 Adjstmnt 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		<b>1.4400</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.61								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8822</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.00	\$100.02	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.13</b>	<b>\$105.05</b>	<b>\$0.00</b>	<b>\$20.23</b>	<b>\$14.25</b>	<b>\$0.00</b>	<b>\$41.98</b>	<b>\$4.87</b>	<b>\$12.02</b>	<b>\$2.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.02</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$230.28</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$159.89</b>									

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

FINAL

Provider: <b>Azalealand Nursing Home</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141237A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5138	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		65.79%	5.5%	Quarterly Medicaid CMI:			1.6133	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.06	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6456	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY19 C/R Audit Adjstmts	(\$103,427)	(\$16,407)	\$0	\$0	\$0	\$0	\$5,994		(\$93,014)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$49,448)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$104,445		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	FY19 Audited C/R Days	28,160									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5138</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6456</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.24	\$109.22	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.01	\$6.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.64	\$10.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.88</b>	<b>\$120.13</b>	<b>\$0.00</b>	<b>\$21.27</b>	<b>\$21.80</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.21</b>	<b>\$18.33</b>	<b>\$3.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.09</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$251.05</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$175.46</b>									

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

FINAL

Provider: <b>PruittHealth - Savannah, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00238323A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6785	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.92%	0.0%	Quarterly Medicaid CMI:			1.6577	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6865	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$124,590)	(\$100,311)	\$0	\$0	\$9,802	\$11,781	\$53,682		(\$99,544)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$229,863)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$523,002		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$119,697
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	40,674							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		<b>1.6785</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6865</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.55	\$122.88	\$0.00	\$17.47	\$25.67	\$0.00	\$29.15	\$13.59	\$25.68	\$3.11
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$20.72	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.27</b>	<b>\$125.87</b>	<b>\$0.00</b>	<b>\$17.69</b>	<b>\$26.08</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$13.59</b>	<b>\$25.68</b>	<b>\$3.11</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.88</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$264.41</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$185.48</b>									



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

**FINAL**

Provider: <b>Resorts at Pooler</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00238741A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3064	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.4826	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.52	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5075	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$183,000)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3064</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5075</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.12	\$101.29	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.80</b>	<b>\$105.87</b>	<b>\$0.00</b>	<b>\$20.36</b>	<b>\$20.34</b>	<b>\$0.00</b>	<b>\$41.63</b>	<b>\$7.20</b>	<b>\$8.00</b>	<b>\$2.40</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.53</b>									

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

**FINAL**

Provider: <b>Windemere Health &amp; Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00241678A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7228	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.94%	2.5%	Quarterly Medicaid CMI:			1.5958	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.73	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6248	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$67,964)	\$0	\$0	\$0	(\$4,092)	(\$6,475)	\$0		(\$57,397)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$4,663)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7228</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6248</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.69	\$102.44	\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.56</b>	<b>\$107.58</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$15.89</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.77</b>	<b>\$10.70</b>	<b>\$2.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.85</b>									

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

**FINAL**

Provider: <b>PruittHealth Augusta Hills</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00245055A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5245	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.79%	2.5%	Quarterly Medicaid CMI:			1.6664	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6975	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$79,789)	(\$74,726)	\$0	\$0	\$0	\$0	\$51,537		(\$56,600)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$238,261)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5245</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.12								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6975</b>								
18	Qtrly 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	\$219.82	\$116.08	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.90	\$2.90								
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	\$24.64	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.46</b>	<b>\$122.99</b>	<b>\$0.00</b>	<b>\$18.90</b>	<b>\$26.59</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$19.53</b>	<b>\$8.50</b>	<b>\$1.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.52</b>									

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

FINAL

Provider: <b>Lake Crossing Heath Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00403939A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4759	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		60.34%	5.5%	Quarterly Medicaid CMI:			1.5131	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5413	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,346)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$229,705		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,737
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4759</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.04								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.5413</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.80	\$77.74	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	\$1.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.28	\$4.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.04</b>	<b>\$84.88</b>	<b>\$0.00</b>	<b>\$17.01</b>	<b>\$17.93</b>	<b>\$0.00</b>	<b>\$32.91</b>	<b>\$8.23</b>	<b>\$11.48</b>	<b>\$1.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.71</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$175.05</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$118.46</b>									



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

**FINAL**

Provider: <b>Life Care Center of Lawrenceville</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00818914A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5844	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.1992	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2110	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$98,730)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5844</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2110</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.26	\$102.72	\$0.00	\$23.79	\$26.49	\$0.00	\$29.15	\$5.29	\$17.57	\$7.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.03	\$1.03								
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	\$22.15	\$4.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.41</b>	<b>\$107.36</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$26.90</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.29</b>	<b>\$17.57</b>	<b>\$7.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.98</b>									

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

**FINAL**

Provider: <b>Senior Care Ctr.-Brunswick</b> Prvdr ID: <b>000830827B</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.59		N/A 28.57% 3.59	5.00% 1.0% 3.0%	Base Period Overall CMI: 1.2880 Quarterly Medicaid CMI: 1.2632 Qtrtrly Mcaid CMI w RUG Wght Options: 1.2825			1.2880 1.2632 1.2825	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.2880</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$122.68								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2825</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.01	\$114.35	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$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	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.57	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.58</b>	<b>\$118.92</b>	<b>\$0.00</b>	<b>\$23.24</b>	<b>\$19.72</b>	<b>\$0.00</b>	<b>\$25.39</b>	<b>\$5.97</b>	<b>\$15.75</b>	<b>\$0.59</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.19</b>									

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

**FINAL**

Provider: <b>Roselane Health and Rehab Center</b> Prvdr ID: <b>00831751A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.58% Nurse Hours per On-Site Day/Quality Incentive: 3.47		<u>Facility Score</u> N/A 26.58% 3.47	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6728 Quarterly Medicaid CMI: 1.7235 Qtrly Mcaid CMI w RUG Wght Options: 1.7544			<u>Facility Specific</u> 1.6728 1.7235 1.7544	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$10,005)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6728</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.7544</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.26	\$121.54	\$0.00	\$16.55	\$18.76	\$0.00	\$29.15	\$1.53	\$14.38	\$2.35
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.39</b>	<b>\$126.94</b>	<b>\$0.00</b>	<b>\$16.77</b>	<b>\$19.17</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.53</b>	<b>\$14.38</b>	<b>\$2.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.72</b>									

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

**FINAL**

Provider: <b>Regency Park Health Care</b> Prvdr ID: <b>00837207A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 10.20% Nurse Hours per On-Site Day/Quality Incentive: 2.49		N/A 0.0% 2.0%	5.00% 0.0% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.4391 1.2683 1.2884	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$52,751)	(\$154,818)	\$0	\$0	\$0	\$0	\$102,067		\$0	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$128,450)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4391</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2884</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.41	\$114.87	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$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	\$19.81	\$2.30	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.22</b>	<b>\$117.17</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$22.86</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.07</b>	<b>\$21.66</b>	<b>\$0.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.84</b>									



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

**FINAL**

Provider: <b>Rockdale Healthcare</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00838252A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6004	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.39%	1.0%	Quarterly Medicaid CMI:			1.6713	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7039	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$45,007)	(\$66,095)	\$0	\$0	\$0	\$0	\$141,959		(\$120,871)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$148,292)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.6004</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.26								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7039</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.20	\$114.96	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.06</b>	<b>\$120.09</b>	<b>\$0.00</b>	<b>\$17.77</b>	<b>\$20.66</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.03</b>	<b>\$13.46</b>	<b>\$3.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.22</b>									

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

FINAL

Provider: <b>Coastal Manor</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00856028A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4097	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.29%	2.5%	Quarterly Medicaid CMI:			1.6699	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.97	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7014	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$106,719)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$136,765		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4097</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.7014</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.09	\$109.18	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.14	\$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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$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	\$21.64	\$3.81	\$0.00	\$0.22	\$0.14	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.73</b>	<b>\$112.99</b>	<b>\$0.00</b>	<b>\$27.02</b>	<b>\$27.08</b>	<b>\$0.00</b>	<b>\$36.90</b>	<b>\$3.81</b>	<b>\$16.18</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.72</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$246.10</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$171.75</b>									

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

FINAL

Provider: <b>Candler Hospital Sub-Acute Unit</b> Prvdr ID: <b>00870911A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hours per On-Site Day/Quality Incentive: 11.05		N/A 0.00% 11.05	5.00% 0.0% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			2.2646 1.5345 1.5617	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$3,419		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,418
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>2.2646</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5617</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.52	\$139.24	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.84</b>	<b>\$139.24</b>	<b>\$0.00</b>	<b>\$19.77</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.51</b>	<b>\$11.43</b>	<b>\$5.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.56</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$309.10</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$219.00</b>									

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

**FINAL**

Provider: <b>PruittHealth - Laurel Park</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00908553A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6065	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid CMI:			1.6455	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.71	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6768	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$40,008)	(\$97,139)	\$0	\$0	(\$4,623)	(\$6,146)	\$85,023		(\$17,123)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$177,138)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.6065</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6768</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.27	\$138.52	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.31	\$8.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.57	\$8.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.84</b>	<b>\$147.36</b>	<b>\$0.00</b>	<b>\$17.07</b>	<b>\$25.33</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.04</b>	<b>\$21.18</b>	<b>\$0.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.81</b>									



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

**FINAL**

Provider: <b>Glenwood Healthcare</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>701562744A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4809	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		22.22%	1.0%	Quarterly Medicaid CMI:			1.5601	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.02	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5896	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$15,324)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4809</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5896</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.55	\$82.13	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (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	\$1.64	\$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	\$20.27	\$2.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$176.82</b>	<b>\$84.30</b>	<b>\$0.00</b>	<b>\$15.49</b>	<b>\$16.65</b>	<b>\$0.00</b>	<b>\$43.10</b>	<b>\$2.30</b>	<b>\$13.38</b>	<b>\$1.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$119.79</b>									



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

**FINAL**

Provider: <b>Oconee Regional SNF</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00947658A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8401	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		0.00%	0.0%	Quarterly Medicaid CMI:			1.5345	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		6.19	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5617	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$16,063)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.8401</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5617</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.98	\$139.24	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$291.08</b>	<b>\$139.24</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$23.74</b>	<b>\$20.66</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$205.49</b>									

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

**FINAL**

Provider: <b>Zebulon Park Health And Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>003125041B</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6504	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.29%	2.5%	Quarterly Medicaid CMI:			1.4704	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.75	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4927	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	\$103,066	\$0	\$0	\$0	\$0	\$11,177	\$116,629		(\$24,740)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$35,612)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.6504</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.86								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4927</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.22	\$129.86	\$0.00	\$21.76	\$27.14	\$0.00	\$29.15	\$3.47	\$35.85	\$0.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25								
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	\$21.10	\$3.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.32</b>	<b>\$133.64</b>	<b>\$0.00</b>	<b>\$21.98</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.47</b>	<b>\$35.85</b>	<b>\$0.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$189.17</b>									



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

**FINAL**

Provider: <b>Ansley Park Health And Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003136416A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6732	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		14.29%	0.0%	Quarterly Medicaid CMI:			1.3113	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3355	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$35,580)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6732</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3355</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.42	\$119.07	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$21.30	\$3.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.72</b>	<b>\$122.64</b>	<b>\$0.00</b>	<b>\$23.53</b>	<b>\$26.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.18</b>	<b>\$37.77</b>	<b>\$1.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.47</b>									

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

FINAL

Provider: <b>Stevens Park</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State- wide
Prvdr ID: <b>003143404A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5018	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		5.88%	0.0%	Quarterly Medicaid CMI:			1.4228	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.67	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4462	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	\$36,529	\$0	\$0	\$0	\$0	\$5,441	\$40,942		(\$9,854)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$22,100)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$43,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	14,857							11,618		
9	Net Per Diems prior to Case Mix Adjstmt 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		<b>1.5018</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.15								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4462</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.26	\$112.60	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$4.50	\$4.50								
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	\$22.54	\$5.03	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.80</b>	<b>\$117.63</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$25.90</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.76</b>	<b>\$33.63</b>	<b>\$0.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.03</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$253.79</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$177.52</b>									

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

**FINAL**

Provider: <b>Chelsey Park Health And Rehabilitation</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>003165720A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7649	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.14%	2.5%	Quarterly Medicaid CMI:			1.5312	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.38	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5593	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Case Mix Index 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5593								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.38	\$139.03	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.48	\$3.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$20.80	\$3.48	\$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	\$281.18	\$142.51	\$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	\$198.06									

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

**FINAL**

Provider: <b>Harrington Park Health And Rehabilitation</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>003165726A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6438	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.82%	2.5%	Quarterly Medicaid CMI:			1.5055	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.53	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5292	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$30,355)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.6438</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.22								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5292</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.58	\$136.34	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41								
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	\$20.92	\$3.41	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$277.50</b>	<b>\$139.75</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$24.05</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.86</b>	<b>\$38.17</b>	<b>\$1.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$195.30</b>									



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

**FINAL**

Provider: <b>Budd Terrace At Wesley Woods</b> Prvdr ID: <b>003167547A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.74% Nurse Hours per On-Site Day/Quality Incentive: 9.17			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3897 Quarterly Medicaid CMI: 1.2258 Qtrly Mcaid CMI w RUG Wght Options: 1.2440			<u>Facility Specific</u> 1.3897 1.2258 1.2440	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$1,127,684)	\$0	\$0	\$0	\$0	\$0	(\$1,127,684)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$197,640)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3897</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2440</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.46	\$110.92	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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 = 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	\$18.21	\$1.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.67</b>	<b>\$112.03</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.34</b>	<b>\$15.12</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.68</b>									

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

FINAL

Provider: <b>Meadows Park Health And Rehabilitation</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003167911A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7006	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.37%	2.5%	Quarterly Medicaid CMI:			1.8291	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.85	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8652	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$39,520)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$78,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.7006</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.8652</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.68	\$132.32	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (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	\$21.57	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.25</b>	<b>\$136.16</b>	<b>\$0.00</b>	<b>\$18.57</b>	<b>\$20.60</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.77</b>	<b>\$31.72</b>	<b>\$1.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.86</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$271.20</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$190.57</b>									

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

FINAL

Provider: <b>Rockmart Health</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003182988A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5528	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		18.18%	0.0%	Quarterly Medicaid CMI:			1.5446	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.24	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5720	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$24,124)	(\$4,167)	\$0	\$0	\$0	\$834	(\$2,273)		(\$18,518)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$54,947)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$61,517		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmt 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		<b>1.5528</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.98								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5720</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.39	\$92.40	\$0.00	\$19.91	\$23.22	\$0.00	\$26.60	\$4.44	\$9.25	\$1.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.02</b>	<b>\$92.93</b>	<b>\$0.00</b>	<b>\$20.13</b>	<b>\$23.63</b>	<b>\$0.00</b>	<b>\$44.07</b>	<b>\$4.44</b>	<b>\$9.25</b>	<b>\$1.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.19</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$213.60</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$147.37</b>									

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

FINAL

Provider: <b>Advanced Health And Rehab Of Twiggs County</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003185378A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4720	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid CMI:			1.6408	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.09	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6715	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$105,289)	\$0	\$0	\$0	\$0	\$0	(\$71,440)		(\$33,849)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$118,601		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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		<b>1.4720</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6715</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.22	\$118.36	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
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	\$21.22	\$3.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.44</b>	<b>\$121.85</b>	<b>\$0.00</b>	<b>\$15.90</b>	<b>\$18.69</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.39</b>	<b>\$16.05</b>	<b>\$1.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.76</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$245.37</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$171.21</b>									



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

**FINAL**

Provider: <b>Archway Transitional Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003185502A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3912	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		67.90%	5.5%	Quarterly Medicaid CMI:			1.4925	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.42	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5199	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$145,021)	(\$52,434)	\$0	\$0	(\$670)	(\$3,901)	(\$13,464)		(\$74,552)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$52,900)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.3912</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5199</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.36	\$135.51	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.45	\$7.45								
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	\$25.18	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.54</b>	<b>\$142.96</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$23.76</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.65</b>	<b>\$25.34</b>	<b>\$2.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.33</b>									

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

FINAL

Provider: <b>Oceanside Health And Rehab</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>003188970A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3145	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.00%	2.5%	Quarterly Medicaid CMI:			1.7409	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.14	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7737	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$89,356		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.3145</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7737</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.27	\$127.51	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$3.19	\$3.19								
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	\$21.82	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.09</b>	<b>\$131.23</b>	<b>\$0.00</b>	<b>\$12.85</b>	<b>\$22.29</b>	<b>\$0.00</b>	<b>\$45.86</b>	<b>\$3.87</b>	<b>\$17.37</b>	<b>\$4.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.74</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$238.60</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$166.13</b>									

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

**FINAL**

Provider: <b>Bostick Nursing Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>003192286A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0948	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		22.79%	1.0%	Quarterly Medicaid CMI:			1.3220	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.66	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3456	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$55,233)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.0948</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.3456</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.21	\$108.09	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.92</b>	<b>\$109.70</b>	<b>\$0.00</b>	<b>\$21.00</b>	<b>\$22.73</b>	<b>\$0.00</b>	<b>\$44.99</b>	<b>\$1.06</b>	<b>\$20.71</b>	<b>\$3.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.12</b>									

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: <b>GLEN EAGLE HEALTHCARE &amp; REHAB (eff. 10/12/2018)</b>  Prvdr ID: <b>003214231A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 28.57%  Nurse Hours per On-Site Day/Quality Incentive: 3.31 </div> <div> Facility Score  Add-on Percent  5.00%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.7625  Quarterly Medicaid CMI: 1.5636  Qtrly Mcaid CMI w RUG Wght Options: 1.5926 </div> <div> Facility Specific  1.7625  1.5636  1.5926 </div> <div> State-wide  1.4759  1.5345  1.5617 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>										
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.7625</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.5926</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.47	\$118.78	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.19	\$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	\$21.20	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.67</b>	<b>\$122.88</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.43</b>	<b>\$14.56</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.18</b>									



## FINAL

Reimbursement Services - DCH/DFM

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

FINAL

Provider: <b>Pruitthealth - Rome</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>299031876A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5421	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.78%	2.5%	Quarterly Medicaid CMI:			1.6077	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.25	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6371	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$76,554)	(\$59,642)	\$0	\$0	(\$7,424)	(\$9,670)	\$35,588		(\$35,406)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,379)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$401,671		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,264
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5421</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.38								
12	Net Per Diems after Case Mix Adjstmnt 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	\$147.21	\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	16.28 (FRV)	\$1.31
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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	\$153.04	\$61.30	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$16.28	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6371</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.09	\$100.35	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$16.28	\$1.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	\$3.01	\$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	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.73</b>	<b>\$103.89</b>	<b>\$0.00</b>	<b>\$15.30</b>	<b>\$22.23</b>	<b>\$0.00</b>	<b>\$41.67</b>	<b>\$13.05</b>	<b>\$16.28</b>	<b>\$1.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.47</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$221.71</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$153.46</b>									

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

**FINAL**

Provider: <b>Reliable Health and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>321026473A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4034	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		46.38%	5.5%	Quarterly Medicaid CMI:			1.7353	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.43	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7684	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$167,289)	\$0	\$0	\$0	\$1,545	\$0	(\$52,380)		(\$116,454)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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		<b>1.4034</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.22								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7684</b>								
18	Qtrtly 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	\$207.20	\$115.53	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	\$2.31	\$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	\$20.57	\$2.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.77</b>	<b>\$118.37</b>	<b>\$0.00</b>	<b>\$16.62</b>	<b>\$25.44</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.75</b>	<b>\$11.88</b>	<b>\$3.46</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.00</b>									

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

**FINAL**

Provider: <b>Townsend Park H &amp; R</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00404995A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4084	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.46%	2.5%	Quarterly Medicaid CMI:			1.2286	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.48	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2467	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$65,260)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4084</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2467</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.63	\$93.90	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$24.37	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.00</b>	<b>\$100.54</b>	<b>\$0.00</b>	<b>\$18.92</b>	<b>\$24.53</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.01</b>	<b>\$14.29</b>	<b>\$0.46</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.93</b>									



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

**FINAL**

Provider: <b>Four County Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00405292A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5731	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		51.11%	5.5%	Quarterly Medicaid CMI:			1.5405	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.21	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5668	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$45,175)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5731</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5668</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.34	\$77.21	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.25	\$4.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.97	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.31</b>	<b>\$85.08</b>	<b>\$0.00</b>	<b>\$18.73</b>	<b>\$18.68</b>	<b>\$0.00</b>	<b>\$43.65</b>	<b>\$4.14</b>	<b>\$10.47</b>	<b>\$1.56</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.91</b>									

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

**FINAL**

Provider: <b>Southland Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00409054A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7292	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.90%	2.5%	Quarterly Medicaid CMI:			1.5554	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.42	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5811	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$81,250)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.7292</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5811</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.57	\$120.38	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.82	\$4.82								
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	\$26.09	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.66</b>	<b>\$128.74</b>	<b>\$0.00</b>	<b>\$18.84</b>	<b>\$24.94</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.46</b>	<b>\$14.44</b>	<b>\$1.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.92</b>									

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

**FINAL**

Provider: <b>PruittHealth - Toomsboro, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00409494A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4734	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.56%	2.5%	Quarterly Medicaid CMI:			1.4830	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.97	5.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.5103	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$40,154)	(\$40,289)	\$0	\$0	(\$3,089)	(\$4,326)	\$31,851		(\$24,301)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$117,611)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.4734</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.67								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5103</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.09	\$88.28	\$0.00	\$16.16	\$23.37	\$0.00	\$28.20	\$14.54	\$14.18	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.34</b>	<b>\$95.43</b>	<b>\$0.00</b>	<b>\$16.38</b>	<b>\$23.78</b>	<b>\$0.00</b>	<b>\$45.67</b>	<b>\$14.54</b>	<b>\$14.18</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.68</b>									

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

FINAL

Provider: <b>Cherry Blossom Health Care</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00413509A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8210	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.42%	1.0%	Quarterly Medicaid CMI:			1.5359	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.41	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5656	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$43,860)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$86,501		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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							18,633		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days										
9	Net Per Diems prior to Case Mix Adjstmnt 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 Case Mix Index for All Residents	from 4 qtrs of FY19		<b>1.8210</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5656</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.98	\$82.71	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$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	\$21.94	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.92</b>	<b>\$86.55</b>	<b>\$0.00</b>	<b>\$17.35</b>	<b>\$21.62</b>	<b>\$0.00</b>	<b>\$45.37</b>	<b>\$4.64</b>	<b>\$11.46</b>	<b>\$1.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.87</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$214.30</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$147.90</b>									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Legacy Nursing Home</b> Prvdr ID: <b>00415522A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 23.8% Nurse Hours per On-Site Day/Quality Incentive: 3.97		Facility Score: N/A BIMS: 23.8% 3.97	Add-on Percent: 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4442 Quarterly Medicaid CMI: 1.0931 Qtrly Mcaid CMI w RUG Wght Options: 1.1088			Facility Specific: 1.4442 1.0931 1.1088	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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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				<b>1.1088</b>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$93.91								
Quarterly Medicaid CMA Allowed Per Diem			\$213.21	\$93.91		\$22.61	\$25.79		\$27.69	4.15	\$38.39	\$0.68
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% to Routine Srvcs)			\$0.94	\$0.94								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$3.76	\$3.76								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$21.80									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$235.01</b>	<b>\$98.60</b>		<b>\$22.61</b>	<b>\$25.79</b>		<b>\$44.79</b>	<b>\$4.15</b>	<b>\$38.39</b>	<b>\$0.68</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$163.43</b>									

\* 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: <b>The Fountainview Ctr for Alzheimer's Disease</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00421429A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4231	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		88.57%	5.5%	Quarterly Medicaid CMI:			1.5651	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5886	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$178,592)	(\$170,053)	\$0	\$0	\$0	\$0	\$170,053		(\$178,592)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$148,309)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4231</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5886</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.47	\$124.94	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$6.87	\$6.87								
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	\$28.66	\$11.15	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$260.13</b>	<b>\$136.09</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$25.40</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.76</b>	<b>\$14.02</b>	<b>\$8.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$182.27</b>									

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

**FINAL**

Provider: <b>Northeast Atlanta H &amp; R Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00426214A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6007	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.56%	2.5%	Quarterly Medicaid CMI:			1.6195	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6495	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$1,512,757)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6007</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6495</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.77	\$111.32	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.90
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
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	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.15</b>	<b>\$117.97</b>	<b>\$0.00</b>	<b>\$18.37</b>	<b>\$21.61</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$2.54</b>	<b>\$12.51</b>	<b>\$2.90</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.79</b>									

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

FINAL

Provider: <b>Taylor County Health Care</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00432924A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5584	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.54%	2.5%	Quarterly Medicaid CMI:			1.4359	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.31	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4599	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$62,833)	\$0	\$0	\$0	(\$231)	(\$4,074)	(\$9,996)		(\$48,532)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$42,185)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$82,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,850
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5584</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.94								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4599</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.98	\$88.82	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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 = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$24.40	\$6.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.38</b>	<b>\$95.12</b>	<b>\$0.00</b>	<b>\$18.25</b>	<b>\$21.56</b>	<b>\$0.00</b>	<b>\$45.67</b>	<b>\$3.85</b>	<b>\$10.93</b>	<b>\$2.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.21</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$198.77</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$136.25</b>									



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

**FINAL**

Provider: <b>Hill Haven Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00448456A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3978	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.10%	2.5%	Quarterly Medicaid CMI:			1.4619	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.55	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4883	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$40,833)	\$0	\$0	\$0	\$0	\$0	(\$13,961)		(\$26,872)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$87,284)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3978</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4883</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.33	\$89.73	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.89</b>	<b>\$95.19</b>	<b>\$0.00</b>	<b>\$15.11</b>	<b>\$23.85</b>	<b>\$0.00</b>	<b>\$41.58</b>	<b>\$4.79</b>	<b>\$11.16</b>	<b>\$1.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.84</b>									

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

**FINAL**

Provider: <b>A.G. Rhodes Home - Cobb, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00493292A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6140	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid CMI:			1.6947	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.71	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.7252	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$138,229)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6140</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7252</b>								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.99	\$145.50	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.25	\$15.81	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37								
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	\$23.46	\$6.36	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$271.45</b>	<b>\$151.86</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$5.25</b>	<b>\$15.81</b>	<b>\$1.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.76</b>									

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

**FINAL**

Provider: <b>New London Health Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00494139A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5551	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		39.02%	2.5%	Quarterly Medicaid CMI:			1.6669	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.30	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6961	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$212,852)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5551</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6961</b>								
18	Qtrtry 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	\$176.05	\$94.30	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.93</b>	<b>\$99.08</b>	<b>\$0.00</b>	<b>\$17.07</b>	<b>\$16.37</b>	<b>\$0.00</b>	<b>\$43.78</b>	<b>\$6.88</b>	<b>\$12.33</b>	<b>\$3.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.37</b>									

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

**FINAL**

Provider: <b>Powder Springs Nurs. &amp; Rehab. Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00530824A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4911	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.06%	2.5%	Quarterly Medicaid CMI:			1.6669	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.27	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6962	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$307,453)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4911</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6962</b>								
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	\$197.39	\$106.35	\$0.00	\$18.57	\$22.14	\$0.00	\$23.40	\$12.01	\$13.22	\$1.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.81</b>	<b>\$111.67</b>	<b>\$0.00</b>	<b>\$18.79</b>	<b>\$22.55</b>	<b>\$0.00</b>	<b>\$40.87</b>	<b>\$12.01</b>	<b>\$13.22</b>	<b>\$1.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.78</b>									



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

**FINAL**

Provider: <b>Jonesboro Nurs. &amp; Rehab Ctr.</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00531033A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5750	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		24.47%	1.0%	Quarterly Medicaid CMI:			1.5398	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5670	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$310,975)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5750</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5670</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.10	\$102.95	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.11
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 = 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	\$22.38	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.48</b>	<b>\$107.60</b>	<b>\$0.00</b>	<b>\$17.40</b>	<b>\$17.75</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.00</b>	<b>\$13.37</b>	<b>\$2.11</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.54</b>									

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

FINAL

Provider: <b>Maple Ridge Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00534619A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		54.35%	5.5%	Quarterly Medicaid CMI:			1.6591	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.83	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6905	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$60,080)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$153,798		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,429
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.4592</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.6905</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.38	\$97.83	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.94	\$8.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.32</b>	<b>\$106.67</b>	<b>\$0.00</b>	<b>\$20.75</b>	<b>\$16.31</b>	<b>\$0.00</b>	<b>\$43.50</b>	<b>\$6.48</b>	<b>\$14.19</b>	<b>\$2.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.92</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$227.27</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$157.63</b>									

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

FINAL

Provider: <b>Rosemont at Stone Mountain</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00587331A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4573	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.55%	2.5%	Quarterly Medicaid CMI:			1.8712	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.72	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9080	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$120,973)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$303,595		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$408,111
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.4573</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9080</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.54	\$110.61	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
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	\$23.61	\$5.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.15</b>	<b>\$116.12</b>	<b>\$0.00</b>	<b>\$17.17</b>	<b>\$14.55</b>	<b>\$0.00</b>	<b>\$35.15</b>	<b>\$6.43</b>	<b>\$12.09</b>	<b>\$8.64</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.79</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$216.51</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$149.56</b>									

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

**FINAL**

Provider: <b>Bayview Nursing Home</b> Prvdr ID: <b>00624951A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 47.50% Nurse Hours per On-Site Day/Quality Incentive: 4.10		N/A 5.5% 3.0%	5.00% 5.5% 3.0%	Base Period Overall CMI: 1.4427 Quarterly Medicaid CMI: 1.4786 Qtrtrly Mcaid CMI w RUG Wght Options: 1.5066			1.4759 1.5345 1.5617	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$73,623)	(\$6,096)	\$0	\$0	\$0	(\$5,150)	(\$2,640)		(\$59,737)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$50,807)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.4427</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5066</b>								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.33	\$94.10	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$5.18	\$5.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.63	\$8.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.96</b>	<b>\$102.63</b>	<b>\$0.00</b>	<b>\$22.04</b>	<b>\$21.38</b>	<b>\$0.00</b>	<b>\$38.11</b>	<b>\$3.46</b>	<b>\$37.02</b>	<b>\$3.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.15</b>									



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

**FINAL**

Provider: <b>Briarwood Health &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00706813A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6214	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.7881	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8211	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$4,504)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6214</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.8211</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.60	\$130.52	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.73</b>	<b>\$136.92</b>	<b>\$0.00</b>	<b>\$17.48</b>	<b>\$17.45</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.22</b>	<b>\$11.41</b>	<b>\$4.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.47</b>									

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

**FINAL**

Provider: <b>Lee County Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00712665A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6313	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.7373	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7692	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> 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					
<b>Base Period Per Diem Allowed Amounts</b>												
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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$31,915)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.6313</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7692</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.90	\$108.70	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$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	\$24.24	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.14</b>	<b>\$115.21</b>	<b>\$0.00</b>	<b>\$20.62</b>	<b>\$22.42</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.58</b>	<b>\$15.72</b>	<b>\$2.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.78</b>									

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

**FINAL**

Provider: <b>Bryan County Health &amp; Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00715569A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5889	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		53.73%	5.5%	Quarterly Medicaid CMI:			1.7020	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7353	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$99,878)	(\$3,203)	\$0	\$0	(\$2,232)	(\$2,001)	(\$11,044)		(\$81,398)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$162,139)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5889</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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		<b>1.7353</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.14	\$96.27	\$0.00	\$19.77	\$23.22	\$0.00	\$21.70	\$6.67	\$13.92	\$4.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.29	\$5.29								
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	\$26.81	\$8.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.95</b>	<b>\$104.98</b>	<b>\$0.00</b>	<b>\$19.99</b>	<b>\$23.63</b>	<b>\$0.00</b>	<b>\$39.17</b>	<b>\$6.67</b>	<b>\$13.92</b>	<b>\$4.59</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.89</b>									

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

**FINAL**

Provider: <b>Tara at Thunderbolt Nursing &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00727801A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5514	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>		Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.4355	1.5345
				Nurse Hours per On-Site Day/Quality Incentive:		3.28	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4588	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$224,022)	(\$56,649)	\$0	(\$3,503)	\$0	\$0	\$11,439		(\$175,309)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$198,071)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.5514</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.62								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4588</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.55	\$94.38	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.94	\$0.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.51	\$2.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.06</b>	<b>\$96.79</b>	<b>\$0.00</b>	<b>\$15.30</b>	<b>\$19.78</b>	<b>\$0.00</b>	<b>\$45.11</b>	<b>\$12.09</b>	<b>\$18.22</b>	<b>\$6.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.72</b>									



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

**FINAL**

Provider: <b>Gwinnett Extended Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00781382A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5910	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		44.00%	2.5%	Quarterly Medicaid CMI:			1.5038	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		6.18	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5302	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5910</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5302</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.79	\$136.43	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.95	\$14.07	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.82	\$6.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$10.23	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.12</b>	<b>\$146.66</b>	<b>\$0.00</b>	<b>\$34.05</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.95</b>	<b>\$14.07</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$189.02</b>									

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

FINAL

Provider: <b>Dunwoody Health and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00815295A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7799	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.7850	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.49	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8174	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$262,294)	(\$21,000)	\$0	\$0	\$0	\$0	\$0		(\$241,294)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$16,663)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$56,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.7799</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.8174</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.40	\$125.66	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.31</b>	<b>\$131.84</b>	<b>\$0.00</b>	<b>\$15.78</b>	<b>\$23.07</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.20</b>	<b>\$16.18</b>	<b>\$2.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.16</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$256.20</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$179.33</b>									

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

**FINAL**

Provider: <b>D. Scott Hudgens Center for Skilled Nursing</b> Prvdr ID: <b>000815493B</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hours per On-Site Day/Quality Incentive: 4.71		<u>Facility Score</u> N/A 20.00% 4.71	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3957 Quarterly Medicaid CMI: 1.2304 Qtrly Mcaid CMI w RUG Wght Options: 1.2488			<u>Facility Specific</u> 1.3957 1.2304 1.2488	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$4,767)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3957</b>								
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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		<b>1.2488</b>								
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	\$217.44	\$111.34	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 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	\$21.55	\$4.45	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.99</b>	<b>\$115.79</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$0.80</b>	<b>\$23.53</b>	<b>\$1.69</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.42</b>									

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

FINAL

Provider: <b>PruittHealth - Magnolia Manor</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00252007A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6282	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		23.53%	1.0%	Quarterly Medicaid CMI:			1.6277	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.47	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6559	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$159,308)	(\$118,752)	\$0	\$0	\$0	\$0	\$65,100		(\$105,656)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,418)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$423,022		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$112,316
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.6282</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.27								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6559</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.11	\$101.31	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.45</b>	<b>\$107.92</b>	<b>\$0.00</b>	<b>\$15.39</b>	<b>\$24.04</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$15.84</b>	<b>\$28.80</b>	<b>\$4.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.01</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$262.67</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$184.18</b>									



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

FINAL

Provider: <b>PruittHealth - Decatur</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00252942A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5900	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.02%	2.5%	Quarterly Medicaid CMI:			1.4256	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4489	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$276,255)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$634,296		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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		<b>1.5900</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4489</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.68	\$102.67	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$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	\$24.28	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.96</b>	<b>\$108.85</b>	<b>\$0.00</b>	<b>\$16.87</b>	<b>\$21.54</b>	<b>\$0.00</b>	<b>\$44.85</b>	<b>\$13.69</b>	<b>\$14.73</b>	<b>\$1.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.65</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$228.57</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$158.60</b>									

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

FINAL

Provider: <b>PruittHealth -Lafayette, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00254394A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5724	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		29.82%	1.0%	Quarterly Medicaid CMI:			1.5157	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5409	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$189,529)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$434,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	30,491							26,283		
9	Net Per Diems prior to Case Mix Adjstmnt 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		<b>1.5724</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.88								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5409</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.55	\$92.02	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	\$2.76	\$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	\$22.31	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.86</b>	<b>\$96.23</b>	<b>\$0.00</b>	<b>\$17.49</b>	<b>\$19.84</b>	<b>\$0.00</b>	<b>\$40.68</b>	<b>\$16.54</b>	<b>\$9.08</b>	<b>\$1.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.82</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$210.96</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$145.40</b>									

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

**FINAL**

Provider: <b>PruittHealth - West Atlanta</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00256088A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3790	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		26.39%	1.0%	Quarterly Medicaid CMI:			1.5561	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5829	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$227,531)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3790</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5829</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.38	\$118.65	\$0.00	\$14.51	\$27.14	\$0.00	\$28.89	\$17.05	\$11.59	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.19	\$1.19								
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	\$22.79	\$5.28	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.17</b>	<b>\$123.93</b>	<b>\$0.00</b>	<b>\$14.73</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.18</b>	<b>\$17.05</b>	<b>\$11.59</b>	<b>\$2.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.55</b>									

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

FINAL

Provider: <b>Bainbridge Health Care</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00258915A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7827	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		37.70%	2.5%	Quarterly Medicaid CMI:			2.0605	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.58	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.1013	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$25,945)	(\$6,366)	\$0	\$0	\$0	\$0	\$0		(\$19,579)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$23,047)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$29,010		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,475
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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		<b>1.7827</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$35.73								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>2.1013</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.08	\$78.84	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$171.46</b>	<b>\$84.49</b>	<b>\$0.00</b>	<b>\$13.85</b>	<b>\$15.79</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$1.07</b>	<b>\$8.92</b>	<b>\$1.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.77</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$173.34</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$117.18</b>									



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

FINAL

Provider: <b>PruittHealth - Covington</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00265196A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5086	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid CMI:			1.4966	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.42	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5223	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$32,830)	(\$15,413)	\$0	\$0	\$0	\$0	\$9,969		(\$27,386)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$134,896)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$284,431		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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 Adjstmnt 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		<b>1.5086</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.94								
12	Net Per Diems after Case Mix Adjstmnt 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	\$156.38	\$66.94	\$0.00	\$16.35	\$20.07		\$27.76	\$12.69	11.24 (FRV)	\$1.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 5.00%	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	\$162.94	\$70.29	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$11.24	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5223</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.65	\$107.00	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$11.24	\$1.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.19</b>	<b>\$111.81</b>	<b>\$0.00</b>	<b>\$17.39</b>	<b>\$21.48</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$12.69</b>	<b>\$11.24</b>	<b>\$1.33</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.82</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$223.42</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$154.74</b>									

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

**FINAL**

Provider: <b>LaGrange Nurs, &amp; Rehab. Ctr.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00270245A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5944	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.71%	2.5%	Quarterly Medicaid CMI:			1.5637	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.64	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5942	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$51,200)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.5944</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.5942</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.79	\$79.18	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.38	\$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	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.78</b>	<b>\$84.07</b>	<b>\$0.00</b>	<b>\$16.62</b>	<b>\$17.95</b>	<b>\$0.00</b>	<b>\$41.84</b>	<b>\$0.00</b>	<b>\$10.60</b>	<b>\$1.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.76</b>									

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

FINAL

Provider: <b>Lumber City Nurs. &amp; Rehab. Ctr.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00270256A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5629	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		41.82%	2.5%	Quarterly Medicaid CMI:			1.6025	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6319	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$49,821)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$55,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,481
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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	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		<b>1.5629</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.6319</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.04	\$76.75	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$166.89</b>	<b>\$81.50</b>	<b>\$0.00</b>	<b>\$14.80</b>	<b>\$16.13</b>	<b>\$0.00</b>	<b>\$40.71</b>	<b>\$2.63</b>	<b>\$9.96</b>	<b>\$1.16</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$112.34</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$169.51</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$114.31</b>									

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

**FINAL**

Provider: <b>Willowwood Nurs. Ctr.</b> Prvdr ID: <b>00271829A</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 24.64% Nurse Hours per On-Site Day/Quality Incentive: 2.51		<u>Facility Score</u> N/A 2.51	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3275 Quarterly Medicaid CMI: 1.7152 Qtrly Mcaid CMI w RUG Wght Options: 1.7471			<u>Facility Specific</u> 1.3275 1.7152 1.7471	<u>State-wide</u> 1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3275</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>5.00%</u>	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		<b>1.7471</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.12	\$97.12	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$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	\$21.54	\$3.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.66</b>	<b>\$100.56</b>	<b>\$0.00</b>	<b>\$13.83</b>	<b>\$15.58</b>	<b>\$0.00</b>	<b>\$41.41</b>	<b>\$7.39</b>	<b>\$8.63</b>	<b>\$1.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.67</b>									



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

**FINAL**

Provider: <b>Crestview Nursing Facility</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00273567A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1510	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.75%	2.5%	Quarterly Medicaid CMI:			1.3210	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3415	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$130,656)	\$0	\$0	\$0	\$9,486	\$9,934	(\$6,900)		(\$143,176)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$112,687)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmnt 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		<b>1.1510</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.61								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3415</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.84	\$119.61	\$0.00	\$23.32	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.59	\$3.59								
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	\$6.80	\$6.58	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.64</b>	<b>\$126.19</b>	<b>\$0.00</b>	<b>\$23.54</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$0.94</b>	<b>\$10.65</b>	<b>\$0.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.23</b>									

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

**FINAL**

Provider: <b>Crisp Regional Nursing and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00274128A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4579	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		53.66%	5.5%	Quarterly Medicaid CMI:			1.9610	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9993	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$22,586)	(\$28,022)	\$0	\$0	\$0	\$0	\$16,451		(\$11,015)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$328,450)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4579</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.9993</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$178.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.81	\$178.26	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$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	\$9.80	\$9.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.35	\$5.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.47	\$15.15	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$304.28</b>	<b>\$193.41</b>	<b>\$0.00</b>	<b>\$22.39</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.63</b>	<b>\$10.81</b>	<b>\$0.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$215.39</b>									

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

**FINAL**

Provider: <b>Thomasville Nurs. &amp; Rehab. Ctr.</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00277604A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5034	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.9683	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0077	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$16,749)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,749)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$20,572)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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 Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.5034</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.96								
12	Net Per Diems after Case Mix Adjstmt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>2.0077</b>								
18	Qtrly 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	\$168.73	\$90.57	\$0.00	\$20.18	\$17.60	\$0.00	\$28.54	\$0.00	\$10.55	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.34</b>	<b>\$96.08</b>	<b>\$0.00</b>	<b>\$20.40</b>	<b>\$18.01</b>	<b>\$0.00</b>	<b>\$46.01</b>	<b>\$0.00</b>	<b>\$10.55</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.43</b>									

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

**FINAL**

Provider: <b>Delmar Gardens of Smyrna</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00296271A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2718	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		32.39%	2.5%	Quarterly Medicaid CMI:			1.3275	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3450	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$97,200)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.2718</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.3450</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.37	\$108.84	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 = 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	\$24.40	\$6.52	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.77</b>	<b>\$115.36</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$24.34</b>	<b>\$0.00</b>	<b>\$45.24</b>	<b>\$2.53</b>	<b>\$12.38</b>	<b>\$2.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.50</b>									



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

**FINAL**

Provider: <b>NHC of Fort Oglethorpe</b> Prvdr ID: <b>00344759A</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Growth Allowance: N/A Qtrly BIMS score 20.75% Nurse Hours per On-Site Day/Quality Incentive: 3.24		N/A 20.75% 3.24	5.00% 1.0% 4.0%	Base Period Overall CMI: 1.3590 Quarterly Medicaid CMI: 1.2611 Qtrtrly Mcaid CMI w RUG Wght Options: 1.2823			1.3590 1.2611 1.2823	1.4759 1.5345 1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$112,281)	(\$3,558)	\$0	\$0	(\$3,121)	(\$3,632)	(\$25,789)		(\$76,181)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3590</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2823</b>								
18	Qtrtrly 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	\$175.38	\$88.66	\$0.00	\$18.75	\$19.92	\$0.00	\$29.15	\$4.90	\$12.51	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.08</b>	<b>\$93.63</b>	<b>\$0.00</b>	<b>\$18.97</b>	<b>\$20.33</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$4.90</b>	<b>\$12.51</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.74</b>									

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

**FINAL**

Provider: <b>Presbyterian Village, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00362832A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4126	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		36.84%	2.5%	Quarterly Medicaid CMI:			1.6634	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.99	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6941	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$47,507)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4126</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.6941</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.97	\$151.05	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.78	\$3.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.31	\$8.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$267.28</b>	<b>\$159.36</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$4.70</b>	<b>\$22.42</b>	<b>\$0.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$200.46</b>									

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

**FINAL**

Provider: <b>Camellia Gardens of Life Care</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00366341A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3751	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		34.15%	2.5%	Quarterly Medicaid CMI:			1.2168	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.47	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2319	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$63,098)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3751</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2319</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.39	\$92.13	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.30	\$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	\$23.32	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.71</b>	<b>\$97.72</b>	<b>\$0.00</b>	<b>\$21.99</b>	<b>\$25.10</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.78</b>	<b>\$9.74</b>	<b>\$2.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.21</b>									

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

FINAL

Provider: <b>Quiet Oaks Health Care Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00370851A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3788	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		46.94%	5.5%	Quarterly Medicaid CMI:			1.5333	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5640	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$86,874)	\$59	\$0	(\$1,607)	(\$3,404)	(\$2,534)	(\$20,018)		(\$59,370)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$95,303)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$110,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3788</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5640</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.43	\$74.20	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.08	\$4.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$6.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.37</b>	<b>\$81.04</b>	<b>\$0.00</b>	<b>\$18.71</b>	<b>\$24.19</b>	<b>\$0.00</b>	<b>\$38.28</b>	<b>\$5.71</b>	<b>\$12.27</b>	<b>\$2.17</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.95</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$192.69</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$131.69</b>									



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

FINAL

Provider: <b>Kentwood</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00143426A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3801	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		38.24%	2.5%	Quarterly Medicaid CMI:			1.4172	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.03	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4408	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$410,439)	(\$50,068)	\$0	\$0	\$0	(\$9,134)	(\$344,598)		(\$6,639)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$120,859)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$119,858		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<b>1.3801</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.52								
12	Net Per Diems after Case Mix Adjstmnt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4408</b>								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.29	\$123.33	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
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	\$25.41	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.70</b>	<b>\$130.64</b>	<b>\$0.00</b>	<b>\$19.91</b>	<b>\$22.09</b>	<b>\$0.00</b>	<b>\$37.17</b>	<b>\$5.68</b>	<b>\$15.89</b>	<b>\$0.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.95</b>									
27	<b>Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$231.73</b>									
28	<b>Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$160.97</b>									

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

**FINAL**

Provider: <b>Westwood Nursing Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00370862A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4956	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		35.42%	2.5%	Quarterly Medicaid CMI:			1.9837	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.53	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0225	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4956</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>2.0225</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.03	\$139.69	\$0.00	\$18.95	\$21.57	\$0.00	\$23.80	\$8.30	\$10.45	\$2.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$24.91	\$6.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.94</b>	<b>\$146.50</b>	<b>\$0.00</b>	<b>\$19.17</b>	<b>\$21.98</b>	<b>\$0.00</b>	<b>\$41.27</b>	<b>\$8.30</b>	<b>\$10.45</b>	<b>\$2.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.63</b>									

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

**FINAL**

Provider: <b>Life Care Center of Gwinnett</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00370873A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3728	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.2374	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.25	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2539	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$118,278)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3728</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.2539</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.52	\$111.80	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$20.46	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.98</b>	<b>\$115.16</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$7.33</b>	<b>\$11.74</b>	<b>\$4.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.16</b>									

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

**FINAL**

Provider: <b>Delmar Gardens of Gwinnett, Inc.</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00395161A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3646	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		16.22%	0.0%	Quarterly Medicaid CMI:			1.4311	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4523	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Adjusted FY19 GL/PL Rpt</b>							(\$77,100)			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.3646</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.4523</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.90	\$129.49	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$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 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	\$20.98	\$3.88	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.88</b>	<b>\$133.37</b>	<b>\$0.00</b>	<b>\$23.79</b>	<b>\$27.14</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$3.26</b>	<b>\$10.35</b>	<b>\$6.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.34</b>									



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

**FINAL**

Provider: <b>Lafayette Nursing &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00399737A</b>				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4214	1.4759
Case Mix Per Diem Rate Effective Date: <b>10/1/2021</b>				Qtrly BIMS score		45.54%	5.5%	Quarterly Medicaid CMI:			1.7536	1.5345
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/21</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7862	1.5617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$224,188)	(\$133,558)	\$0	\$0	\$0	\$0	\$10,710		(\$101,340)	
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY19 GL/PL Rpt</b>							\$0			
	As Adjusted Cost Center Costs (GL/PL)	<b>As Adjusted FY21 GL/PL Rpt</b>								\$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		<b>1.4214</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		<b>1.7862</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.66	\$144.68	\$0.00	\$18.62	\$18.01	\$0.00	\$29.15	\$6.57	\$16.64	\$2.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.96	\$7.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$30.56	\$12.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$267.22</b>	<b>\$157.51</b>	<b>\$0.00</b>	<b>\$18.84</b>	<b>\$18.42</b>	<b>\$0.00</b>	<b>\$46.25</b>	<b>\$6.57</b>	<b>\$16.64</b>	<b>\$2.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$187.59</b>									